

COUNTY BOROUGH OF BRIGHTON.



Annual Report
OF THE
MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1909.

DUNCAN FORBES, M.D., B.Sc., D.P.H.

BRIGHTON:
KING, THORNE & STACE, JUBILEE STREET.

1910.

PREFACE.

TOWN HALL, BRIGHTON,

April 12th, 1910.

To the Brighton Town Council.

GENTLEMEN,—

I beg to present herewith my Report on the work of the past year.

In the preparation of the Annual Report proper I have been assisted by Dr. Courtauld, Chief Inspector Skinner, Inspectors Norrish, Cuckney and Mills. The School Report, included at the wish of the Local Government Board in the Annual Report, has been written conjointly with Dr. Lambert, the School Doctor.

At the end of this, my second year of office, I wish to acknowledge the constant and assiduous help which I have received from the members of the Sanitary Staff, of the School Medical Staff, and from the Matron and Staff at the Sanatorium. I have also to thank the members of the Sanitary Committee and the Elementary Schools Sub-Committee for the time and attention which they have devoted to the important work of my Department.

I am, Gentlemen,

Yours obediently,

DUNCAN FORBES,

*Medical Officer of Health and
School Medical Officer.*

COUNTY BOROUGH OF BRIGHTON.

Sanitary Committee:

THE MAYOR (MR. COUNCILLOR GEERE).

MR. ALDERMAN	BLAKER.	MR. COUNCILLOR	SKINNER.
„ COUNCILLOR	BURBERRY	„ „	SONE.
	(Chairman).	„ „	TEASDALE.
„ „	HARDY.	„ „	TITCOMB.
„ „	HEUN.	„ „	WELLMAN.
„ „	LINTOTT.	„ „	YATES.
„ „	PARRY.		

Town Clerk: HUGO TALBOT, Esq.

Medical Inspection Branch Sub-Committee:

MR. COUNCILLOR	CAMPBELL.	MISS HEATHCOTE.
„ „	HARDY.	MR. JOHN CARDEN.
„ „	STEVENS.	„ LETHBRIDGE.
„ „	YATES.	

Staff of the Public Health Department:

INSPECTORS.

JOHN NORRISH (Certif. San. Institute), Assistant Inspector of Nuisances.
JAMES A. CUCKNEY „ „ „ „ „ „
(Superintendent of Abattoir).
ERNEST E. MILLS (Certif. San. Institute), „ „ „ „ „ „
(Inspector under the Factory and Workshops Act and Shop Hours Act).
FREDERICK BRAYBON (Certif. San. Institute), Assistant Inspector of Nuisances.
JOSEPH WEBB „ „ „ „ „ „
FREDERICK SALVAGE „ „ „ „ „ „
JOHN SHARP.
HARRY NEWMAN.
ALFRED WELLSTED „ „ „ „ „ „
JOHN BAKER, Disinfector.
HERBERT W. HEASMAN, Senior Clerk.
CHARLES GREENFIELD, Second Clerk.
EDWARD RALPH, Junior Clerk.
A. EDGE, Qualified Dispenser at Sanatorium.

Matron of Sanatorium: MISS RATCLIFF.

House Physician and Deputy to Medical Officer of Health:

R. M. COURTAULD, M.A., M.B., B.C., D.P.H.

Chief Inspector of Nuisances:

JAMES F. SKINNER (Certif. San. Institute).

Public Analyst: MEREDITH WYNTER BLYTH, B.Sc., F.I.C.

School Medical Staff and Health Visitor:

NURSE HENSON.	|	NURSE RICHNELL.	|	NURSE BOWEN.
MISS CAMPBELL, Clerk.				

School Doctor: J. LAMBERT, M.D., M.A., D.P.H.

Medical Officer of Health and School Medical Officer:

DUNCAN FORBES, M.D., B.Sc., D.P.H.

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VITAL STATISTICS.

POPULATION.

The estimated population of the County Borough at the middle of 1909 was 130,926.

The Borough Surveyor reports that 101 new dwelling-houses were passed by the Town Council during 1909, compared with 142 in 1908, and 109 in 1907. These were situate in the following Wards: Preston 49, Preston Park 30, Lewes Road 1, Queen's Park 14, Montpelier 5, St. John's 2.

BIRTHS.

The total number of births registered in the Borough in the 52 weeks ending January 1st, 1910, was 2,675, 1,420 of boys and 1,255 of girls. This is equivalent to a birth-rate of 20·4 per 1,000 inhabitants. The average birth-rate of the seventy-six great English towns was 25·7.

Of the births 155 were of illegitimate children, forming 5·8 per cent. of the total births. Of 37 births occurring in the Workhouse 25 were of illegitimate children.

DEATHS.

Last year, 1,997 deaths from all causes were registered as belonging to Brighton, including 57 in the Borough Asylum at Haywards Heath and 20 in the Shoreham Workhouse, which is equivalent to a death-rate of 15·25 per 1,000. The death-rate of the seventy-six great towns was 14·7; of England and Wales as a whole, 14·5.

Considerable numbers of persons in ill-health come to Brighton and a certain proportion of these die here. No complete record of those is obtainable. Persons who have been in Brighton for short periods and who have a permanent residence elsewhere, are classed by the local registrars as visitors. This last class does not form one half of the total number of persons coming to Brighton because of ill-health and dying here, still it adds materially—·76—to the death-rate per 1,000. In cases of consumption, in which careful enquiries are made as to the time of the onset of the illness and the length of stay in Brighton, it is found that over 18 per cent. of the total deaths from this cause is of persons who suffered from the disease before their arrival in Brighton. In view of these facts, it is not surprising that the Brighton death-

rate is slightly higher than that of England and Wales. A portion of the Brighton death-rate is really due to its high reputation as a health resort.

The Brighton death-rate for a series of years is given in the following tabular statement :—

		Death-rate per 1,000 population from all causes.	
Ten years 1851-60	25·0
1861-70	25·6
1871-80	20·5 (Preston incorporated in 1874)
1881-90	18·5
1891-1900	17·6
1901-05	15·3
1906	14·8
1907	14·7
1908	14·7
1909	15·2

Table I., page 60, shews the birth and death rates of Brighton from 1899-1909. Table II. gives the more important causes of death for each Ward.

The chief causes of death, and the number of deaths from each disease or group of diseases, are tabulated in Table IV., pages 63-67. This table gives the relative incidence of different diseases, and the incidence of each disease in the two sexes and at different ages. In four cases the cause of death was not certified. A comparison of this table with that of last year shows that the death-rate for bronchitis and the pneumonias has increased by 1·22 per 1,000; this was due to severe weather during February and March. This more than accounts for the slight increase in the death rate.

To Table IV. an additional column has been added, giving the death rates per million from each disease.

DEATHS IN PUBLIC INSTITUTIONS.

The following Table shows the returns for 1909 :—

	Residents.	Non-residents.	Total.
Workhouse...	265	6	271
Sussex County Hospital...	111	61	172
Royal Alexandra Hospital	39	16	55
Women's Hospital	4	2	6
Throat and Ear Hospital	2	3	5
Home for Incurable Children	2	3	5
Sanatorium..	33	2	35
French Convalescent Home	—	2	2
	456	95	551

The number of Brighton residents dying in public institutions outside the Borough was 77; 57 in the Haywards Heath Asylum and 20 in the Shoreham Workhouse.

DEATHS OF VISITORS.

The number of deaths of visitors in private houses was 99 ($\cdot 76$ per 1,000), which is included in the net death rate.

Of the 61 non-residents whose deaths occurred in the County Hospital, 38 came from rural districts of Sussex, &c., 14 from Hove, 5 from Newhaven, 3 from Worthing, and 1 from Bedford.

Of the 16 non-residents dying in the Royal Alexandra Hospital, 10 came from Hove and 6 from Sussex.

The net death-rate given in Table I., page 60, is 15·25 per 1,000. This allows for the 77 deaths of Brightonians in public institutions outside the Borough (Asylum and Shoreham Workhouse), and excludes the 95 deaths of visitors occurring in the public institutions of Brighton.

INFANTILE MORTALITY.

The Notification of Births Act, 1907, was adopted and came into force on the 1st July, 1909. The chief provisions of the Act are as follows:—

“It shall be the duty of the father *and* of any person in attendance upon the mother to give notice in writing to the Medical Officer of Health by posting a prepaid letter or postcard within 36 hours after birth or by delivering a written notice at the office or residence of the Medical Officer within the same time.”

From July to December, 1909, 1,149 births and 50 still births were notified. 226 were notified by doctors, 842 by midwives, 89 by parents, 10 by both doctor and midwife, 9 by doctor and parent, 20 by midwife and parent, 2 by other relatives, and 1 was taken from the death returns.

Of the number received from parents, 64 were sent only after the issue of a circular letter pointing out that notification was required by the Act. Up to the present no one has refused to notify after they were told of their obligation to do so.

About 80 per cent. of births are notified apart from direction from this office.

In connection with the adoption of the Notification of Births Act, a Health Visitor started work in July, 1909, at a salary of £80 a year and uniform. Infants are visited as early as possible after the doctor or midwife ceases attendance; this is in order that the instruction as to the care of the infant may be continued.

An infant's history, in a great many interesting details, is not complete until after it has reached the age of nine months. Seeing that work was started with the July babies, the information gathered, although interesting, is somewhat fragmentary in character.

The deaths of infants under one year was 95 per 1,000 births registered, as compared with an average of 130 in the ten years 1899-1908.

95 is the lowest infantile mortality rate on record for Brighton. The following table gives the figures over a series of years:—

1890	...	164	...	1900	...	166
1891	...	137	...	1901	...	162
1892	...	151	...	1902	...	125
1893	...	169	...	1903	...	114
1894	...	137	...	1904	...	133
1895	...	164	...	1905	...	102
1896	...	124	...	1906	...	111
1897	...	144	...	1907	...	111
1898	...	179	...	1908	...	104
1899	...	173	...	1909	...	95
Average for		—	Average for		—	—
10 years 1890-1899	...	154	10 years 1900-1909	...	122	

Of the total deaths under one year, 20 were of illegitimate babies. Stated in terms of births, this implies that the infantile mortality among illegitimate babies is 130 as compared with 88 per 1,000 among babies born in wedlock. The chief causes of infant mortality are given in Table III., page 62.

The employment of 589 mothers visited.—492 worked at home; of these 472 did their own housework, 14 took in work, 2 looked after shops, and 1 was a housekeeper. 97 went out to work; of those 52 worked in laundries, 35 were charwomen, and the remainder were hawkers, cooks, rag-sorters, &c.

Reasons for early weaning.—Only 9 mothers stopped suckling altogether because they had to go out to work; for that reason, however, another 6 infants were only partially breast fed.

It was found that the most common cause of the stopping of suckling before 6 months after confinement was because the “milk went”; 38 mothers stopped suckling because of this cause.

The long-tube bottle.—Of bottle-fed children 22 had long-tube bottles, 49 had bottles with teats and 8 were fed with a spoon. Seeing that all are agreed as to the undesirability of the long-tube bottle, legal powers should be given to stop their sale.

	2 Weeks.	4 Weeks.	2 Months.	3 Months.	4 Months.	5 Months.	6 Months.
Average Weight at various ages.	7·8	9·4	10·4	11·4	12·2	14·3	15·2
Number weighed ...	366	58	59	63	36	27	36

Weight.—It has been possible to prepare the above interesting table of average weights. The infants were weighed in their clothes on a cheap spring balance; $\frac{1}{2}$ or 1 lb. was allowed for the weight of the clothes, according to circumstances.

The following institutions have obtained gratis, from the Public Health Department, leaflets of advice on the management and feeding of infants, and have distributed them in the routine course of their work:—Sussex County Hospital, Lying-In Institution, Royal Alexandra Hospital.

The Registrars of Births, and the midwives, also gave similar leaflets to parents.

Cards relating to the prevention of summer diarrhœa, to the number of about 10,000, are distributed every summer by the Sanitary Department, mainly in the poorer streets of the town.

STILL BIRTHS.

Owing to the courtesy of the Secretaries of the three Cemeteries, I am enabled to give a record of the number of still-births and by whom they were certified before burial.

Certified by	Brighton and Preston Cemetery.	Parochial Cemetery.	Extra Mural Cemetery.	TOTAL.
Doctors	12	23	51	86
Midwives	6	10	...	16
Coroner ... ..	...	3	2	5
	18	36	53	107

NOTIFICATION OF INFECTIOUS DISEASES.

On March 1st, 1891, the Infectious Diseases (Notification) Act was adopted in Brighton.

The returns furnished to me under this Act shew that the number of cases of infectious diseases notified during 1909 was:—Diphtheria, 238; membranous croup, 2; scarlet fever, 330; enteric fever, 29; erysipelas, 79; puerperal fever, 3.

One case of puerperal septicæmia, 1 of scarlet fever, and 4 of erysipelas were noted severally by two doctors.

The cases notified are classified according to age and ward in Table—page 61.

The total number of notifications (including 16 notified by the Medical Officer of Health) was 687, as compared with 626 in 1908. Of the total, 146 occurred in public medical practice, while 525 occurred in private medical practice.

SCARLET FEVER.

The incidence of scarlet fever since notification came into operation is shewn in the following table:—

	Number of cases.	Number of deaths.	Per 100,000 of population.		Number of deaths per 100 cases notified.
			Number of cases.	Number of deaths.	
1892	374	8	320	7	2·1
1893	479	11	408	9	2·2
1894	219	4	185	3	1·6
1895	195	5	164	4	2·5
1896	247	6	206	5	2·3
1897	325	12	270	10	3·7
1898	370	7	305	6	2·0
1899	814	10	667	8	1·2
1900	582	12	474	10	2·1
1901	176	1	142	1	0·6
1902	146	3	117	2·4	2·1
1903	195	—	155	—	—
1904	172	2	136	1·6	1·1
1905	206	1	165	0·8	0·5
1906	225	2	172	1·6	0·9
1907	230	—	177	—	—
1908	287	2	221	1·5	0·9
1909	330	8	252	6·1	2·4

Of the total 330 notified cases, 268, or 81·2 per cent., were treated in the Sanatorium, as compared with 86·8 per cent. in 1908. Of the total cases, one case occurred in each of 196 private houses; in each of 24 houses, two cases occurred; in each of 11 houses, three cases occurred; in seven houses, four cases; in one house, five cases. At the Workhouse no case occurred, and in other institutions 5, 1, 4, 4, 4 and 2 cases occurred respectively.

The incidence of scarlet fever amongst school children is shewn in Table A. Table A is a copy of a table which was compiled week by week during the year. It is valuable, because it shews at a glance the distribution of the cases in the various schools. The date of the return of the children is shewn in red; it can at once be seen if the return of any scarlet fever case has possibly given rise to infection. The interval between the onset of scarlet fever and the return to school is so long that the Medical Officer of Health is apt to forget about the return of a scarlet fever patient to school, and thus overlook a possible source of infection. A careful study of this table and the table of return cases (page 30) will shew that scarlet fever patients are in a few cases infectious at intervals of not weeks but months after all signs of the disease have disappeared.

DIPHTHERIA.

The incidence of diphtheria in Brighton, since notification came into operation, is shewn in the following table:—

	Number of cases.	Number of deaths.	Number of cases per 100,000 of population.	Number of deaths per 100,000 of population.	Case-mortality. Number of deaths per 100 cases notified.
1892	106	23	93	20	20·2
1893	184	35	157	30	18·4
1894	124	26	109	22	21·1
1895	204	19	172	16	8·8
1896	164	20	142	17	10·9
1897	185	12	154	10	6·5
1898	380	22	313	18	5·8
1899	667	62	547	51	9·2
1900	681	72	554	58	10·2
1901	702	64	567	52	9·1
1902	437	36	349	29	8·3
1903	410	32	326	26	7·8
1904	269	16	213	13	6·0
1905	223	5	174	4	2·2
1906	231	13	179	10	5·6
1907	266	14	205	11	5·3
1908	212	9	162	7	4·3
1909	240	19	183	15	7·9

Multiple Cases in Houses.—Of the total 238 cases notified, there was one case each in 192 private houses, two cases each in 14 houses, three cases each in two houses, and one case in a convalescent home, and five, five and one in three public institutions.

Schools.—From a table similar to Table A in Scarlet Fever, it is found that 35 school departments had no cases of diphtheria, 20 had one case each, 15 had two, 5 had three, 3 had five, 1 had six, 2 had seven, 1 had eleven, and 1 had sixteen cases.

ENTERIC FEVER.

The incidence of enteric fever, since notification came into operation, is shewn in the following table :—

		Number of cases.	Number of deaths.	Number of notified cases per 100,000 of population.	Number of deaths per 100,000 of population.	Case-mortality Number of deaths per 100 cases notified.
1892	...	63	8	54	7	12·7
1893	...	77	15	65	13	19·5
1894	..	83	11	69	9	13·0
1895	...	87	14	72	12	16·6
1896	...	122	14	101	12	11·2
1897	...	113	21	94	17	18·1
1898	...	129	18	105	15	14·3
1899	...	182	25	148	20	13·7
1900	...	83	12	67	10	14·4
1901	...	46	6	37	5	13·0
1902	...	65	14	52	11	21·5
1903	...	39	4	31	3	10·3
1904	...	34	7	27	5·5	20·6
1905	...	34	2	27	1·6	5·9
1906	...	22	3	17	2·3	13·6
1907	...	24	3	19	2·3	12·5
1908	...	28	5	22	3·9	17·2
1909	...	29	6	22	4·6	27·3

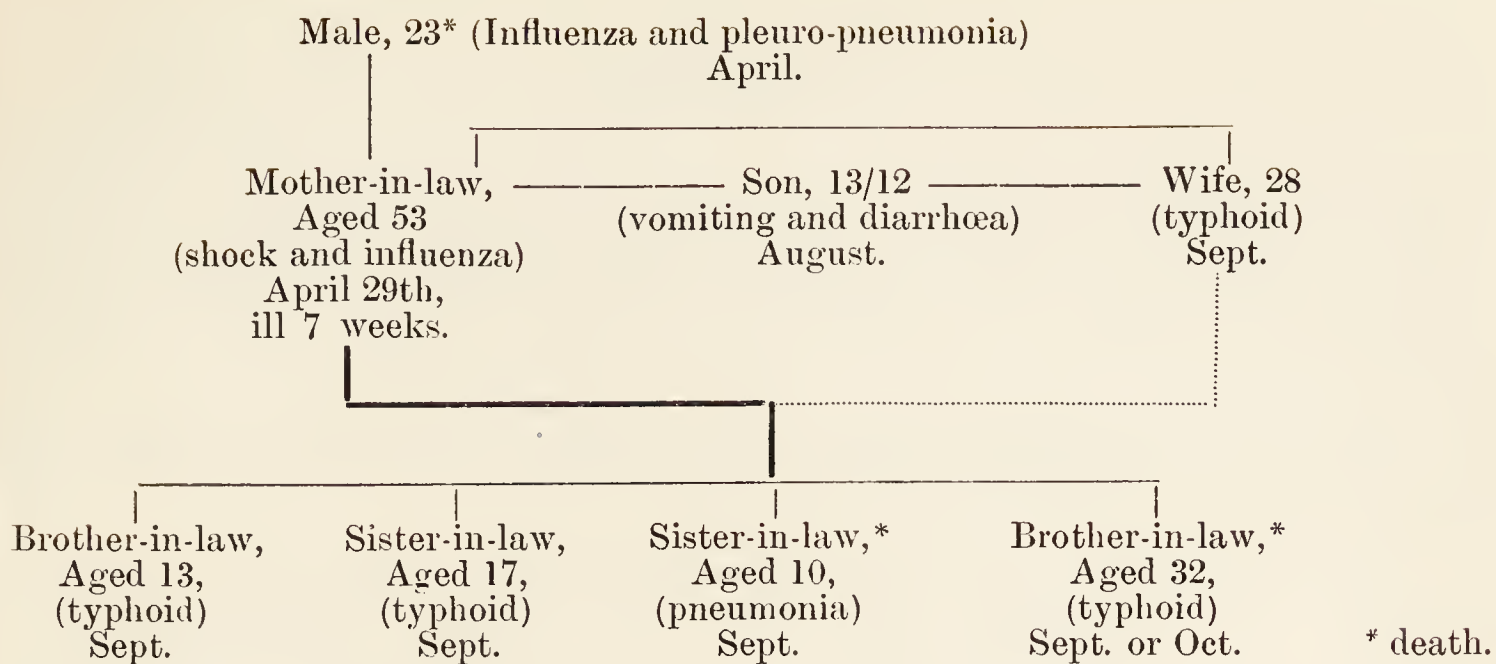
Of the 22 cases, three were due to infection contracted before the patient came to live in Brighton. One case followed the eating of mussels, three the eating of oysters within the limits of the incubation period of this disease, twelve were due to direct infection, three proved not to be typhoid. This leaves seven cases in which there is neither a history of eating shell fish nor a history of contact with a known case. Considering the number of cases in which typhoid is mild and is not diagnosed, the absence of a history of infection in one-third of the cases is not surprising.

In two of the oyster cases the source of the oysters could not be traced ; in the remaining oyster case and in the mussel case the shell fish are said to have come from Southwick.

The following histories are interesting as shewing the infectivity of typhoid, and also the difficulty of diagnosis and the chance of severe and even fatal cases being overlooked. It is advisable for medical men to submit samples of blood from all cases of fevers lasting ten days if they have the least doubt as to the diagnosis.

I.

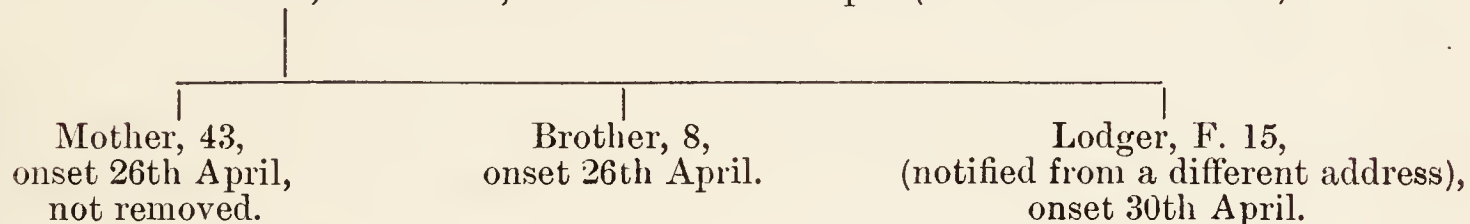
The following diagram shews a series of cases due to personal infection. The supposed beginning of the series was a man who had been working for some weeks in a midland town, and who returned to Brighton ill on 20th April. The conditions under which the people were living were bad, and it was very difficult to get the facts, the people resenting any interference.



In all there were eight cases. Four were diagnosed as typhoid. Of the remaining four, all excepting the infant were almost certainly overlooked cases of typhoid. Probably the mother-in-law had some illness preceding and obscuring the onset of typhoid. We were unable to obtain a specimen of the mother-in-law's blood.

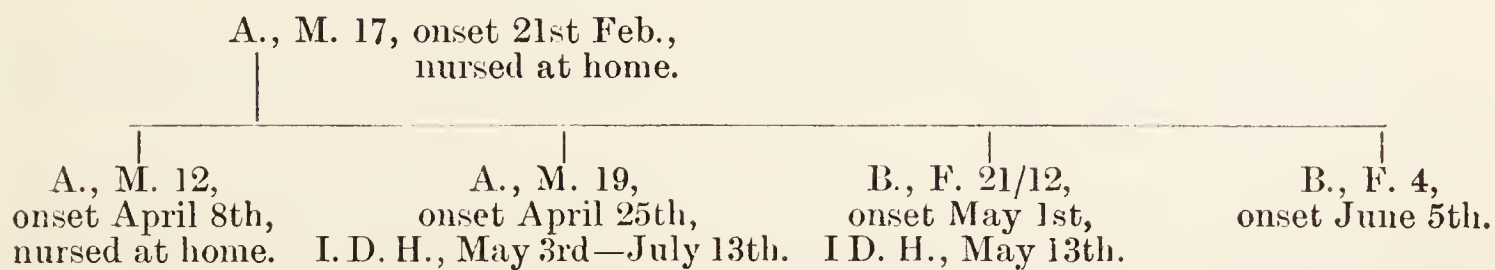
II.

M. 3, unnotified, onset about 15th April (diarrhoea for 3 weeks).



Our attention was first drawn to this group of cases by the notification of the F. 15 on May 12th. On inquiry at a previous residence which she had left just before the onset of her illness, two persons were found confined to bed. The doctor having ceased attendance, specimens of blood were taken, which both gave positive reactions.

III.



The two families, A and B, lived in the same house, but were said not to mix. Different W.Cs. were used. Mrs. A., however, took in milk and bread for the B's. This gives a possible source of infection for the members of family B.

DIARRHOEA.

During 1909, 28 deaths were returned under headings which are officially classed as diarrhoea. Of these deaths, 17 occurred in infants under 1 year of age, and 4 in children aged 1-2 years. Under the heading enteritis, 13 deaths were registered, of which 9 were under 1 year of age, and 0 at ages 1-2.

In the following Table the deaths in children under 1 year of age from diarrhoea are given in terms of the births.

	From Diarrhoea.		From Diarrhoea.	From Diarrhoea and Enteritis.
	Deaths per 1,000 Births.		Deaths per 1,000 Births.	Deaths per 1,000 Births.
1897	25·5	1903	14·1	20·6
1898	32·9	1904	14·5	22·3
1899	49·4	1905	11·3	17·6
1900	24·0	1906	17·2	23·5
1901	23·5	1907	12·2	21·4
1902	11·7	1908	8·2	12·8
		1909	6·3	9·7

In the following Table the diarrhoeal death-rate is stated per 1,000 of total population, and is compared with that of London, and that of the 76 great towns.

Death-rate from Diarrhoea per 1,000 of population.	1903	1904	1905	1906	1907	1908	1909
Brighton	·40	·43	·37	·54	·33	·24	·21
London	·64	1·04	·73	·95	·32	·54	·32
76 great towns ...	·71	1·20	·83	1·16	·39	·67	·38

WHOOPIING COUGH.

As shewn in the following table, the death-rate from whooping cough was higher than in 1908.

The 187 cases notified, chiefly from schools, during 1909, occurred in 109 houses. Of these cases 16 occurred under 1 year of age, 15 aged 1-2, 18 aged 2-3, 14 aged 3-4, 37 aged 4-5, 38 aged 5-6, 34 aged 6-7, 8 aged 7-8, and 7 over 8 years.

MEASLES.

Measles was absent from Brighton during 1909; 3 cases, however, were imported, 1 of which died.

Annual Death-rate per 100,000 inhabitants from Measles and Whooping Cough.

Year.	Measles.	Whooping Cough.	Year.	Measles.	Whooping Cough.
1882	143	115	1896	46	27
1883	51	57	1897	14	21
1884	7	33	1898	67	18
1885	31	41	1899	1	16
1886	10	60	1900	43	28
1887	64	28	1901	10	21
1888	3	43	1902	24	23
1889	40	24	1903	4	12
1890	53	89	1904	71	28
1891	24	18	1905	2	9
1892	100	19	1906	22	17
1893	12	47	1907	10	24
1894	30	12	1908	16	13
1895	20	34	1909	1	17

REGISTERED DEATHS FROM CANCER.

Seat of Primary Disease.	Sarcoma.		Carcinoma and Epithelioma		Malignant Disease or Cancer.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.
Head, Face, Eye, Orbit, Nose,								
Ear	—	1	2	—	—	—	2	1
Jaws... ..	—	—	1	—	3	1	4	1
Skin	—	—	—	—	—	1	—	1
Axilla and Shoulder	—	—	—	1	—	—	—	1
Mouth, Tongue, Lips	—	—	1	—	5	—	6	—
Neck, Throat, Tonsils, Larynx...	—	1	4	—	4	2	8	3
Lung, Chest, Mediastinum, Heart	1	2	1	3	—	—	2	5
Œsophagus... ..	—	—	4	—	4	—	8	—
Breast	—	1	—	13	—	5	—	19
Abdomen	—	—	—	—	4	7	4	7
Stomach and Pylorus	—	—	4	5	6	5	10	10
Liver and Gall Bladder	—	1	2	8	2	3	4	12
Peritoneum, Mesentery, Omentum	—	—	1	—	—	—	1	—
Pancreas	—	—	—	—	1	1	1	1
Spleen	—	—	—	—	—	—	—	—
Intestines (excluding Rectum) ...	—	—	4	2	5	4	9	6
Rectum	—	—	3	3	2	1	5	4
Uterus	—	—	—	10	—	4	—	14
Ovaries	—	—	—	—	—	1	—	1
Pelvis, Kidney, Bladder,								
Prostate Urethra, Penis ...	—	1	1	—	2	4	3	5
Groin, Leg, Foot, Arm, Hand ...	—	—	—	1	1	—	1	1
Parts unspecified	1	—	—	—	—	—	1	—
Total	2	7	28	46	39	39	69	92

The total number of deaths registered as due to the various forms of cancer was 161 last year, as compared with 158, 164, 159, 143, 150, 132, 96, 125, 114 and 150 in the nine preceding years. Of the number returned as cancer, 28 occurred in the Workhouse, 13 in the County Hospital, 1 in Shoreham Workhouse, and 2 in the Throat and Ear Hospital. Of the total, 5 were visitors, of whom 1 came to a Nursing Home in Brighton.

No disinfection is done after cases of cancer except in very septic cases or in cases where the occupier desires and pays for disinfection. According to the latest researches, disinfection after cancer accomplishes no object so far as the spread of cancer is concerned.

GAS POISONING.

A list of cases of gas poisoning is given in the following table. It will be observed that whereas before the addition of carburetted water gas to our supply there was only 1 death in eleven years, there has been 12 deaths in the thirteen-and-a-quarter years following its addition.

The deaths occurred during the night, and were not due to small leakages, but to one or more taps being turned on.

Of the 12 deaths since January, 1896, 5 were suicides, 6 were accidental, and 1 was doubtful.

Judging from the Brighton statistics and from our Analysts returns as to the composition of Brighton gas, I am of opinion that the recommendation of the Water Gas Committee, 1899, "that power should be conferred upon a Central Department to make regulations enforceable by adequate penalties, limiting the proportion of carbonic oxide in the public gas supply at night to 12 per cent.," is a reasonable one.

Cases of Gas Poisoning in Brighton from 1885 and onwards.

Date.	Sex.	Age.	Accident or Suicide.	Day or Night.	How Occurred.	Remarks.
Oct. 1st, 1892	M.	62	Accident	Night	Gas turned partly on.	Found insensible 25th September. Unconscious 38 hours. Died October 1st.
Up to January, 1896, Coal Gas only was used, thereafter a Mixture of Coal Gas and Carburetted Gas was used.						
Sept. 12th, 1896	M. M.	23 27	Accident Accident	Night	3 inch main under pavement broken.	Suffocated in adjoining closed arch.
Sept. 16th, 1904	M.	76	Accident	Night	One tap turned on.	Husband and wife. Wife died from gas poisoning, but had old lung trouble.
Sept. 19th, 1904	F.	49	Accident	?	Two taps turned on.	
Found dead, June 27th, 1906	F.	41	Suicide			
Oct. 27th, 1906	M.	76	Accident	Night	One tap full on.	Drunken man.
Jan. 26th, 1907	M.	63	?	Night	Two taps full on.	
Feb. 19th, 1907	F.	87	Accident	Night	One tap full on.	Death due to gas poisoning and bronchitis
Jan. 10th, 1908	M.	?	Suicide	Night	Piece of tubing, attached to gas bracket, near face.	
June 15th, 1909	M.	35	Suicide	Night	Jet of gas stove full on.	
Jan. 24th, 1910	F.	45	Suicide	Night	Bedroom gas jets turned full on.	
Jan. 29th, 1910	M.	73	Suicide	Night	Head in gas stove, tap turned full on.	

TUBERCULOUS DISEASES.

In the following table, the registered death-rate from pulmonary tuberculosis or phthisis and from other tuberculous diseases for a series of years is shewn:—

Mean Annual Death-rate in Brighton from Phthisis (Consumption) and other Tuberculous Diseases per 100,000 persons, in Groups of Years.

	Phthisis.	Other Tuberculous Diseases.
1861-70	295	98
1871-80	247	78
1881-90	193	74
1891-1900	148	66
1901	134	59
1902	139	40
1903	145	52
1904	136	67
1905	135	54
1906	144	58
1907	141	53
1908	126	44
1909	137	43

Owing to the fact that a larger proportion of the Brighton population than that of England and Wales is at the ages most susceptible to phthisis, a correction factor, which is $\cdot 9267$, is needed. 137, multiplied by the above factor, gives a corrected death-rate of 126.

During the last eleven years, the numbers of males and females dying from phthisis have been 1,145 males and 788 females.

The comparatively low death rate in females as compared with males is chiefly due to the extremely satisfactory housing conditions present in Brighton.

NOTIFICATION OF TUBERCULOSIS OF THE LUNGS (PHTHISIS).

Voluntary notification of phthisis by medical practitioners was begun in January, 1899, no payments being then made for such notifications. Between that date and September 11th, when the new arrangements came into operation to pay for each case of phthisis notified (in private practice 2s. 6d., and in public practice 1s.), 70 cases were notified. The Public Health (Tuberculosis) Regulations, 1908, came into operation January 1st, 1909. These regulations require the notification of all cases of pulmonary tuberculosis (1) when discovered by parochial medical officers, (2) on their admission or re-admission to the Workhouse by the Workhouse medical officers, (3) on their discharge by the masters of Workhouses, (4) on change of address, by the Relieving Officers.

The regulations have not increased the number of notifications received in Brighton, as practically all persons in receipt of relief were notified under the voluntary system. The expense is increased by the large number of notifications required; these, however, are necessary for proper administration; for instance, rooms are disinfected after the re-admission of a consumptive to the workhouse, or on change of address.

The course of notification is indicated in the following Table:—

Year.	PHTHISIS.					Annual No. of Deaths from all forms of Tuberculosis in Brighton.
	No. of New Cases Notified.	No. of Cases Re-notified.	New Cases Notified per 100,000 of Population.	Total No. of Cases Treated in the Borough Sanatorium.	No. of Cases Re-admitted to the Sanatorium.	
1899	111	—	92	—	—	215
1900	105	—	85	—	—	232
1901	153	9	124	—	—	237
1902	224	52	179	31 (from May)	—	227
1903	316	82	251	98	—	248
1904	363	85	286	130	—	259
1905	308	102	242	135	6	241
1906	373	119	291	213	32	268
1907	299	104	232	197	36	255
1908	270	64	208	191	31	226
1909	269	150	205	143	32	236

During the year, 478 notifications of Pulmonary Tubercle were received; of these, 276 were notified under the system of Voluntary Notification, 202 under the Public Health (Tuberculosis) Regulations, 1908, as shewn in the following table:—

	Primary Notification.	Re-Notification.
<i>Voluntary Notifications—</i>		
In Private Practice	86	16
In Public Practice	97	55
By the M. O. H. and School Doctor	18	—
By relatives of patients	4	—
	205	71
<i>Under L. G. B. Regulations—</i>		
By the Parochial Medical Officers	19	22
By the Workhouse Medical Officers	39	93
By the Workhouse Masters	6	18
By the Relieving Officers	—	5
	64	138

The 209 re-notifications were in respect of 150 patients; 119 cases being re-notified once, 15 twice, 9 three times, 5 four times, 1 five times, and 1 eight times.

Of the 269 new cases notified during last year, 61 died; 19 have left the town, 8 have gone to unknown addresses, and in four cases the wrong address was given when notified.

Stage of Disease at which Notification occurs.—Ten cases were notified less than a week before death, 12 between 1 and 4 weeks before death. 6 from 1-2 months, 8 from 2-3 months, 9 from 3-4 months, 2 from 4-5 months, 1 from 5-6 months, and 13 from 6-12 months before death.

Of 269 cases notified for the first time during 1909, 77·3 per cent. are still alive (December 31st, 1909), as compared with 63·3 per cent. on December 31st, 1908, of the cases notified in 1908, and 73·6 per cent. on December 31st, 1907, of the cases notified in 1907.

Forty-one Notifications of Change of Address were received, enabling prompt disinfection to be done.

DEATHS.

Proportion of the Disease imported.—Of the 180 deaths from phthisis in 1909, the disease was already present in 42 when the patients came to Brighton—26 of these latter were notified before death. Of the 42 imported cases, 10 were resident in Brighton from 0-3 months before death, 4 from 6-9 months, 3 from 9-12 months, 7 from 1-2 years, 2 from 2-3 years, 2 from 3-4 years, 6 from 4-5 years, 3 from 5-6 years, 2 from 6-7 years, 1 from 7-8 years, 1 from 8-9 years, 1 from 9-10 years. Of the total number of deaths from 1898-1909 18·2 per cent. were those of imported cases.

Deaths occurring in Public Institutions.—50 cases died in the following institutions: 45 in Brighton Workhouse, 1 in Shoreham Workhouse and 4 in the Sanatorium.

NOTIFIED CASES.

Of the 269 notified cases, 19 were already ill when they came to Brighton.

Proportion of Cases Notified.—Of 180 deaths, 49 only were those of unnotified cases. Out of the 49, 16 were visitors. This would indicate that under the present system of notification a very large majority of cases is notified.

Disinfection after Admission to Sanatorium.—Disinfection of the patient's room.—The amount of disinfection that is carried out at the patient's home, in addition to thorough domestic cleansing, varies according to circumstances.

Special attention is paid to the patient's bedroom, which is usually sprayed with formalin; the bedding is disinfected by steam. In dirty homes, notices to cleanse are served, and this results in the stripping of wallpaper and whitewashing of ceilings. In very clean houses, frequently nothing is required except domestic cleansing, which can be conveniently undertaken by the tenant. Damp dusting of articles of furniture and dough-cleansing of wallpaper are advised.

After deaths from phthisis and other tuberculous diseases, disinfection was carried out as follows: in 119 cases rooms were sprayed with formalin; and in 3 cases rooms were fumigated with sulphur by the tenant. In 48 instances rooms, and in one case the whole house, was stripped, cleansed and whitewashed. In 4 cases the bedding or clothing was burnt, and in 104 the bedding and clothing were disinfected by steam.

The sanitary defects found and remedied after visits to notified cases of, and deaths from, phthisis and other tuberculous diseases are given in other tables.

Sanatorium Treatment.—It will be remembered that the interest on £20,000 under the Hedgcock Bequest first became available at the beginning of April, 1906. Before that only 10 consumptive patients at a time had

been treated in the Sanatorium. Since then 25 patients at a time are treated. The exact number of new cases treated during 1909 was 111. Of this number 93 had been notified during 1909. The total cases notified that year was 269, which means that 34·6 per cent. of the cases notified during the year had the advantage of Sanatorium treatment and training. The average stay of each consumptive patient was 66 days in 1909, compared with 43 days in 1908. 32 cases were re-admitted to the Sanatorium. Of the 93 new cases treated in the Sanatorium, 4 were subsequently admitted to the Infirmary; and of the 176 notified during the year who had not received Sanatorium treatment, 55 were admitted during the year to the Infirmary.

The following table gives some idea as to the stage of the disease when the patients are first admitted, and as to the length of their stay and progress in the Sanatorium.

Stage of Disease.	Number of Cases.	Average Stay in Hospital in Days.	Bacteriological Results.		Average Gain in Weight in lbs.	Deaths.
			Positive.	Negative or no Sputum.		
I. { Male ...	13	73	5	8	10	—
{ Female ...	23	56	6	17	9	—
II. { Male ...	10	54	6	4	6	—
{ Female ...	11	69	6	5	7½	—
III. { Male ...	10	87	8	2	2½	2
{ Female ...	8	69	7	1	1½	1
Children { Male ...	13	72	—	13	4	—
under 15 { Female	7	76	—	7	7	—

[Stage I. includes cases in which no crepitations were heard, who had no temperature, and a small amount of sputum, if any. Stage III. includes cases with cavitation, temperature, and a considerable amount of sputum.]

TUBERCULOUS MILK.

Brighton has special powers with regard to its milk supply. It would take up too much space to give, *in extenso*, Sections 51 and 52 of the Brighton Corporation Act, 1901, which deal with these matters. Shortly, these sections make compulsory the notification to the Medical Officer of Health by farmers supplying milk to Brighton, of cows suspected to be suffering from tuberculosis of the udder. These sections also render possible the carrying out of the following routine:—

- (1.) Specimens of milk are taken and examined for tubercle bacilli.
- (2.) If tubercle bacilli are present the farm is visited by the Medical Officer of Health, accompanied by a Veterinary Surgeon. The cows are examined, and if any cow is suspected to be suffering from tuberculosis of the udder, further samples are taken from that cow, and are, in their turn, examined for tubercle bacilli.

During the year 1909, 50 samples of milk were examined at the Lister Institute of preventive medicine for the presence of tubercle bacilli.

Of these 12 were found to contain tubercle bacilli.

No. 1.—This sample was purchased at a retail shop and found to be tuberculous.

On the 23rd of February, the dairy farm supplying milk to this shop was visited, and the cows, 72 in number, were examined by the Corporation Veterinary Inspector. Of the cows, 13 were found to be suffering from induration of the udder. Two of the cows were in an emaciated condition, and were both giving milk at the time of our visit. The udder of one, "Lovely," was extensively diseased. These two cows were sent to the abattoir, and were there slaughtered. On post-mortem it was found the whole of the internal organs of "Lovely" were extensively tuberculous. The udder on section was found to be crowded with miliary tubercles. The second cow, "Noble," was extremely emaciated and weak, but there was no naked eye appearance of tubercle in either the lungs or liver.

Eight cows were subjected to the tuberculin test by the farmer's Veterinary Surgeon. Of these, four reacted, one was doubtful, and in three no rise of temperature occurred.

Eight samples of milk were taken from single cows at the farm, two of which were found to contain tubercle bacilli. On the 23rd of February, Sample No. 20 was taken from a cow "Gipsy." This was found to contain tubercle bacilli. On the 5th of March a second sample was taken from this cow, and no tubercle bacilli were present in the sample. On being tested this cow's temperature did not rise above 103° F.; the farmer for that reason allowed her to remain in the milking herd.

On the 11th of May a further sample of milk was taken from this supply as it arrived at Brighton, the quantity from which it was taken being 49 gallons. This sample was found to contain tubercle bacilli. On receiving this result the farmer was communicated with, and informed that the cow "Gipsy" must be removed from the milking herd. He at once had the cow removed from the herd. We were unable to obtain any information as to the destination of the four which reacted, or the one which gave a doubtful reaction.

No. 2.—On the 9th March Sample No. 34 was taken from a churn containing 17 gallons of milk. This was submitted to the Lister Institute of Preventive Medicine, and was found to contain tubercle bacilli.

On the 22nd of April the dairy farm supplying milk to this shop was visited, and the cows, 18 in number, were examined by the Corporation Veterinary Surgeon. A white "Ayrshire" cow was found to be suffering from a nodulated udder. A sample of milk was taken from her, but no inoculation was carried out, as the milk was sour on arrival at the Institute. The cow was removed from the milking herd; her destination, however, was not traced.

No. 3.—On the 11th of March Sample No 38 was taken from 40 gallons of milk immediately on arrival at Brighton. This was submitted to the Lister Institute of Preventive Medicine, and was found to contain tubercle bacilli.

In connection with this same supply Sample 39 was taken from 32 gallons of milk. This was also found to contain tubercle bacilli.

On the 22nd of April the Dairy Farms supplying the milk to this shop were visited, and the cows, 74 in number, were examined by the Corporation Veterinary Surgeon.

No. 1 FARM.—Six cows had indurated udders. One, "Rosebud," a roan cow, was extremely emaciated, and her udder was nodulated. Two

cows, viz., "Polly" and "Rosebud," were subjected to the tuberculin test. "Rosebud" gave a decided reaction. "Polly's" temperature did not rise above 101.4 F.

On the 1st of May "Rosebud" was sent to the Abattoir for slaughter. On post-mortem it was found that during life the animal had suffered from general tuberculosis. The various internal organs shewed evidence of the disease. The supra mammary glands were studded throughout with miliary tubercles.

No. 2 FARM.—13 cows. Of these, one, "Young Cinder," had induration of the udder. This the Veterinary Surgeon considered very suspicious. The cow was removed from the herd, and was sold to a dealer.

On the 4th of May Sample 48A was taken from the mixed milk of this farm, after the above diseased cows had been removed from the two herds. This was submitted to the Lister Institute to be examined for tubercle bacilli; the result was negative.

No. 4.—On the 13th April Sample No. 41 was purchased from a large dairy. This was taken from a counter pan containing about two gallons of milk. On being submitted to the Lister Institute, it was found to contain tubercle bacilli.

As this dairy was being supplied by eight farms, it was decided to obtain samples from each supply.

On the 7th June six samples were taken, one from each farm. Sample No. 50 from 72 gallons of milk was found to contain tubercle bacilli. Sample No. 53 from 48 gallons of milk was also found to contain tubercle bacilli.

No. 1 FARM.—On the 20th July the farm was visited and the cows, 47 in number, were examined by the Corporation Veterinary Surgeon. Of the cows, eight were found to have induration of the udders. Samples were taken from the following cows: "Polly," "Strawberry," "Snowdrop," and "Lily." These samples were submitted to the Lister Institute. tubercle bacilli were not present in any of the four samples.

The farmer promised to remove the eight suspicious cows from the milking herd, but would not agree to their being tested for tubercle.

We have been unable to trace seven of the suspected cows. "Spider," the cow which had a diseased gland in the buttock, was sent to a slaughter-house at Lewes, where the carcase was seized and destroyed.

No. 2 FARM.—On the 20th of July the farm was visited and the cows, 48 in number, were examined by the Corporation Veterinary Surgeon. Of the cows, three were found to have indurated udders. On the 22nd of July Sample 64 was taken from 47 gallons of milk. This was submitted to the Lister Institute for examination, but it was impossible to arrive at a definite conclusion as to the presence of tubercle bacilli. On the 28th of July a further sample was submitted. This was sour on arrival at the Institute. On the 5th of August another sample was obtained from the same supply, and was submitted for examination. Result: tubercle bacilli not present.

I have been unable to ascertain what became of the three cows which had induration of the udder.

No. 5 CASE.—On the 7th June, Sample No. 57 was purchased at a large dairy. This was supplied from the counter pan, which contained 1 gallon of milk. The sample was submitted to the Lister Institute, and was found to contain tubercle bacilli.

On Monday, the 19th of July, the dairy farm was visited, and the cows, 150 in number, were examined by the Corporation Veterinary Surgeon. Of the cows, 5 had indurated and suspicious udders. Samples were taken from cows Nos 62 and 89. These samples were submitted to the Lister Institute for examination. The milks from cows 62 and 89 gave no evidence of tubercle being present.

I was informed by the dairy farmer that two samples from the two above mentioned cows were sent to Sir John M'Fadyean and the results of examination were negative. He also informed me that the 5 cows, including the two cows above from which samples had been taken, had been sold to a cattle dealer in the Shires.

RÉSUMÉ.

Six farms were visited. The total number of cows examined was 412. Of these 30 were found to be suffering from induration of the udder, and were certainly very suspicious. Two of them proved on post-mortem to be tuberculous.

The weakness of the present position is, that, although a cow is known to be giving tuberculous milk, the cow cannot be straightway slaughtered; all that can be demanded is the separation of the cow from the herd, and the stopping of her milk coming to Brighton.

COW POX.

In the early part of the year cow-pox was found to exist in a herd of cows supplying milk to a dairy within the Borough. On examining the cows, several were found to be affected with the disease. The milk supply was not stopped, but all the milk was subjected to a temperature slightly above 100 degrees F., and no ill effects resulted.

The result of the investigation pointed to cow-pox being a much commoner disease than is generally suspected. The risk was that some of the milkers might have been infected with scarlet fever or diphtheria, the germs of which might have multiplied in the open sores on the teats of the cows.

PUERPERAL FEVER.

During the year, 3 cases of Puerperal Fever were notified. The table given below records the more important points regarding these cases, also 2 cases that were unnotified.

	Age	Midwife	Doctor.	No. of Previous Labours.	Removed to Public Institution.	Remarks.
No. 1	24	+	+	Multiparous	Confined in a Public Institution	Adherent Placenta
No. 2	32	-	-	Two	-	Miscarriage. No Doctor or Midwife in attendance until some days after
No. 3	20	-	+	Primiparous	-	
Unnotified	35	-	+	Three	.. ..	Confined 7th March, died on 4th April from "Puerperal Septicaemia, Pneumonia, Pleurisy and Asthenia"
Unnotified	28	-	-	... ..	... ..	Verdict of Coroner's Jury: "Septicaemia due to the septic condition of the Uterus, following a miscarriage"

THE MIDWIVES ACT, 1902.

Included in the duties of the Health Visitor, who commenced work in July, 1909, was the superintendence of midwives practising in the Borough. According to the register there were 29 midwives in private practice; all of these have been visited at their homes. In 4 cases no information was obtainable; the particulars regarding the conduct of the practice of the remaining 25 are given below.

	Yes.	No.		Yes.	No.
Illiterate	6	19	Pulse and temperature taken regularly	9	...
Registers properly kept ...	19	6	Pulse and temperature if think necessary	7	...
Bags with washable linings	19	6	Temperature only taken ...	5	...
Washable dresses	25	...	Pulse only taken	1	...
Donche cans	4	...	Neither pulse nor temperature taken... ..	3	...
Higginson's syringes	21	...			
Same syringe* for vaginal douching and the giving of enemata	14	..			

*Different nozzles are always used.

As many as 1,070 cases of midwifery were attended in or from the Women's Hospital, West Street, or its branches, during 1909. Of this number 961 (over one-third of the total births) belonged to Brighton. The staff consists of the Matron, Miss Mumby, and six midwives; five of the latter are allocated to districts in Brighton.

This hospital is one of the institutions approved as training schools under Section C of the Rules of the Central Midwives Board. During 1908, 57 midwives were trained at the Institution, only one of whom failed to obtain the certificate of the Central Midwives Board.

Number of cases occurring in 1909, in which the Midwife advised that a Registered Medical Practitioner should be sent for (Rule E. 18).

Medical aid called in on account of the following causes, as stated by the Midwife.	Private Cases.	Outside Cases in connection with Women's Hospital, West Street.
<i>Pregnancy—</i>		
Abortion	—	4
Ante-Partum Hæmorrhage	1	7
<i>Labour—</i>		
Presentation { Face	1	2
{ Breech	1	3
{ Transverse	1	4
{ Prolapse of Cord... ..	1	2
{ Contracted Pelvis	—	1
Delay in Labour	3	46
Retention of { Placenta	3	8
{ Chorion	—	8
{ Membranes	—	2
Rupture of Perineum	2	19
Post Partum Hæmorrhage	1	3
Eclampsia	1	1
<i>Lying-in Period—</i>		
Rise of Temperature	2	9
Weakness of mother after confinement	3	2
Other reasons connected with mother	1	1
<i>Condition of Infant—</i>		
Weakly Infant	6	13
Still Births	6	10
Totals... ..	33	145
Totals, 1908	11	62

The notifications of the calling in of medical help by midwives under Rule E of the Rules of the Central Midwives Board shew a marked increase from 73 in 1908 to 178 in 1909.

Section 1, paragraph 2, of the Midwives Act, 1902, enacts that: “From and after the first day of April, 1910, no woman shall habitually and for gain attend women in childbirth, otherwise than under the direction of a qualified medical practitioner, unless she be certified under this Act. . . .” It is feared that in certain districts the enforcement of this paragraph will lead to a serious scarcity of midwives. So far as Brighton is concerned no inconvenience is likely to be experienced.

BOROUGH ISOLATION HOSPITAL.

The following table shews the number of cases admitted to, treated at, and discharged from the Sanatorium.

	Number of Patients suffering from the following Diseases :—									Fulking Grange.
	Scarlet Fever.	Enteric Fever.	Measles.	German Measles.	Diphtheria.	Phthisis.	Scabies.	Other Diseases.	Total in Sanatorium.	Small Pox.
Remaining in the Sanatorium, Dec. 31st, 1908	32	4	—	—	7	17	—	—	60	—
Admitted to Sanatorium during 1909	289*	19	2	—	234	143	19	5	711	—
Total number treated in 1909	321	23	2	—	241	160	19	5	771	—
Number discharged during 1909	296	14	2	—	202	130	19	2	665	—
Died in Sanatorium in 1909	8	4	—	—	15	5	—	3	35	—
Remaining in Sanatorium Dec. 31st, 1909... ..	17	5	—	—	24	25	—	—	71	—

* Percentage removal 87·6.

Of the above cases, 4 of scarlet fever, 2 of diphtheria and 2 of other diseases, belonged to the Sanatorium Staff.

Six contacts with scarlet fever patients were admitted to the Sanatorium for quarantine, and are included in the above table as scarlet fever cases.

Two cases of scarlet fever and one of diphtheria were admitted to the Sanatorium from Newhaven Rural District; one case of scarlet fever was admitted from Warren Farm.

The children of inhabitants of the Borough are not charged, but £306 16s. 11d. was paid for the maintenance of other patients in the Sanatorium. Of this amount, £95 3s. 4d. was paid for private patients who had special rooms, including patients from boarding schools, £72 19s. 1d. was paid for Poor Law patients, and £88 16s. 6d. for paying patients in the consumptive ward. £29 2s. 5d. was paid for special disinfection done in the town, &c. The Newhaven Rural District Council has paid £49 18s. 0d. In addition to the above amounts, £765 4s. 5d. was received for the maintenance of Hedgcock patients who received treatment during 1909.

The table on page 33, prepared by the Borough Accountant, shows the expenditure for the year on the two hospitals. The total number of weeks spent by all the patients in the Sanatorium was 4,068, as compared with 4,288 in 1908. Of the total in 1909, scarlet fever patients spent 1,597 weeks, diphtheria patients 941 weeks, and phthisis patients 1,320 weeks.

I.—After the return of scarlet fever cases from hospital, 19 cases were notified as scarlet fever from 16 of their homes. Of these, 2 cases (156 and 208) were not considered scarlet fever. In a house in which 4 cases occurred, the first case (case 32) occurred five days before the other three (cases 35, 39, and 40).

In the following table *I have therefore dealt with 14 cases only, having excluded 5 cases (156, 208, 35, 39 and 40).*

	Days.													
<i>Intervals between</i>														
(1) onsets in primary and return cases	44	44	45	48	51	52	54	57	82	83	83	89	91	193
(2) discharge from Hospital and onset return case ...	7	5	8	4	13	18	7	4	37	30	38	26	13	126
The day of disease on which primary case discharged from Hos-pital	38	40	38	45	39	35	48	54	46	54	46	64	79	68

That great length of stay in hospital does not prevent return cases, is shewn by the following table, which gives the week of illness during which the patients were discharged; it was thought better to give the dates of discharge according to length of illness, and not length of stay in the Sanatorium, as some cases are admitted later in the illness than others.

Before end of	3rd week.	4th week.	5th week.	6th week.	7th week.	8th week.	9th week.	10th week.	10th and over.
	From onset of illness.								
Number discharged ...	3	16	57	101	45	17	8	8	11
Primary cases giving rise to return cases were discharged ...	—	—	1	4	4	2	—	2	1

Nearly $\frac{2}{3}$ of the cases are discharged before the end of the sixth week. These $\frac{2}{3}$ gave rise to $\frac{1}{3}$ of the return cases.

The table opposite shows that there is no danger from the desquamation of discharged scarlet fever patients. It will be observed that a majority of the cases giving rise to return cases were sent out from Hospital whilst suffering from discharges of various kinds.

Condition on Discharge of Scarlet Fever Cases.	Desquamation.			Throat.			Enlarged Tonsils.	Nasal Discharge.			Nose.		Septum Red.	Otorrhœa.		Ciliary Blepharitis.	Cough.	Adenitis.	Cracks and Sores.
	Present.	Absent.	Had none during stay in Hospital.	Normal.	Red.	Pale.		Thick.	Thin.	Undefined.	Sore.	Picked.	Moist.	Acute.	Chronic.				
(1) Of all cases ...	137	83	45	180	7	78	62	12	20	5	7	4	13	5	4	2	9	7	7
(2) Of 14 cases giving rise to return cases ...	6	7	1	9	...	5	5	1	2	2	2	...	...	...	...	2	3	1	1

The table inserted here gives full particulars regarding not only return cases of scarlet fever but particulars of cases of all kinds arising after the return home of patients discharged from the Infectious Disease Hospital.

During the year 1909, 283 scarlet fever cases were nursed in hospital and 14 gave rise to return cases (percentage 4·9); 72 scarlet fever cases were nursed at home and 4 gave rise to return cases (percentage 5·5).

The following table shews the complications from which the patients suffered during their stay in hospital during 1908 and 1909. During 1909 the scarlet fever patients have been kept in bed for at least four weeks. Previously they were allowed up at the end of ten to fourteen days. I am of opinion that cases should not be allowed to mix with each other until after the end of the fourth week of their illness; if they do so they are more apt to suffer from complications, and to remain in an infectious condition for a longer period.

	1908 275 patients.	1909 284 patients.	Percentage suffering from various complications.	
			1908	1909
Otorrhœa	30	22	10·9	7·7
Nephritis	5	5	1·8	1·7
Rheumatism	10	11	3·7	3·8
Endocarditis	2	4	·7	1·4
Pericarditis	1	0	·4	—
Pneumonia	1	1	·4	·3
Suppurative Conditions	4	4	1·5	1·4
Harbouring D.B. on admission...	9	2	3·3	·7
„ „ during stay ...	5	1	1·8	·3

Diphtheria.—During the year 234 persons, notified as suffering from diphtheria, or harbouring diphtheria bacilli, were admitted to the Sanatorium.

A table is given below shewing the day of disease on which the 212 cases of diphtheria were admitted into the Sanatorium, also the number of deaths, grouped according to the day of removal. This shews that the earlier the case is removed, or, in other words, is treated with anti-toxin, the smaller the risk of death.

	Day of Disease in which case was removed.							
	1st.	2nd.	3rd.	4th.	5th.	6th.	7th.	8th and over
Cases	3	36	38	48	32	10	8	37
Deaths ... ..	...	...	2	1	7	1	2	3

Deaths.—Of the notified cases, 18 died, and the particulars as to dates of onset and removal are given below. Two cases were not removed; one died in a mail cart on her way to the Sanatorium; 9 were removed on the day the doctor was called in, 2 one day after, 2 three days after, and 2 five days after. In a majority of cases, therefore, the doctor in attendance

Registered Number.	Sex.	Age.	Date of			Length of stay in the Sanatorium.	Rash.	Duration of Pyrexia.	Otorrhea.	Adentia.	Rheumatism.	Late Albuminuria.	Nephritis.	Other Complications.	Condition on Discharge.				Any Illness after Discharge.	Susceptible contacts at home under ten.	Remarks.	Return Cases.				Sex and Age of Return Cases.	Degree of Contact.	
			Onset.	Admission.	Discharge.										Desquamation.	Enlarged Tonsils.	Condition of Throat.	Other Remarks.				Registered Number.	Date of Onset.	Intervals between				Sex
																								Onsets of 1st and 2nd cases.	Discharge of 1st case and onset of 2nd case.				and Age of Return Cases.
I.—SCARLET FEVER HOSPITAL RETURN CASES.																												
274/08	F.	7	Dec. 14, '08	Dec. 15	Jan. 22	39	+	None on admission	...	Jan 12	...	...	...	...	—	...	N	Sore at angle month	...	4	Rise of temperature 30th December. Reached 102°4 on 31st December. No other signs	32	Feb. 4	51	13	M. 6	Separate bed
																					35	Feb. 9	...	...	M. 1	...	
																					39	Feb. 10	...	...	M. 15	...	
																					40	Feb. 11	...	...	M. 13	...	
275/08	F.	5	Dec. 12 '08	Dec. 14	Jan. 26	44	+	19	...	Jan 4	...	...	...	...	+	+	P	Bed till four days before discharge, Submaxillary glands enlarged on both sides	Stuffy nose Feb. 10th	2	...	65	March 5	83	38	F. 3	Case 275 began to sleep with case 65 on Feb. 28. Case 65 died March 29.
Nurse X. Staff	F.	35	Dec. 23 '08	Dec. 23	Feb. 24	63	+	5	...	...	Jan 23	...	...	Ciliary Blepharitis	—	...	N	C.B. still present	...	?	March 5th engaged for private nursing. On March 22nd, case 77, Nurse of same case, aged 27, failed with Scarlet Fever; the one was on day, the other night duty On Jan. 7th, case 149, a Nurse occupying the same bedroom, sickened with Scarlet Fever, but Nurse X had left on May 31st	77	March 22	89	26	F. 32	...
285/08	M.	9	Dec. 27 '08	Dec. 28	Feb. 2	37	+	3	...	...	...	...	...	Nasal discharge	+	+	N	Sore nostril. Slight N.D. Chronic Conjunctivitis and Blepharitis on discharge	...	?	...	Outside Borough	Feb. 9	44	7	F. 23	...
7	F.	2	Jan. 10	Jan. 5	March 23	68	+	3	...	Jan 23	...	...	...	Abscess neck, swab positive	—	+	N	Thick N.D.	...	0	...	198	July 22	193	126	M. 20	Case 198, a lodger, took meals together
8	F.	7	Jan. 3	Jan. 5	Feb. 11	38	+	9	...	...	...	...	...	...	—	+	N	Nose bleeds readily. Cough	...	4	Case 205, F 4, playmate of case 8, had onset 304 days after onset of case 8. Case 295 died	55	Feb. 16	44	5	M. 5	Case 55 belonged to another family in same house
12*	F.	3	Jan. 6	Jan. 8	April 5	88	+	None on admission	...	...	...	...	...	...	—	+	N	Thick N.D. Otorrhea	...	2	Case 4, similar case to case 12, also discharged with Otorrhea on same date. Case 12 had thin N.D. up to and after onset in case 208	208†	July 30	205	118	M. 2	No desquamation in case 208
19*	F.	5	Jan. 13	Jan. 15	Feb. 26	43	+	16	...	On admission Feb. 2	Jan 18	...	...	...	+	...	N	Thin N.D. Sore right nostril. Nasal Septum red	...	1	Take case 19 as originating case	61	March 2	48	4	F. 2	Separate bedroom. Case 61 died March 21
Case from outside district.	M.	3	Jan. 15	Jan. 16	Feb. 26	42	+	3	...	...	...	...	...	...	+	...	N	Slight N.D.	...	...	Thin N.D., March 6th, soon became thick, with sore inside nostril. Scab came off nostril one or two days before onset in return case. A sore was left	95A	April 9	82	37	M. 5	Same bedroom. Kissed each other.
90	F.	6	March 29	March 30	May 8	41	+	3	...	...	...	...	...	...	—	...	P	...	Whooping cough	2	Case 90 was re-notified as Scarlet Fever at same time as 156 was sent in. Case 156 did not desquamate, and was sent out on the 32nd day. Both had Whooping Cough	156†	June 13	76	36	F. 6	These two children slept together 17 days after the return home of case 90
111	M.	3	May 1	May 3	July 17	76	+	3	...	...	...	...	...	Chronic N.D. Chicken pox on admission	—	...	P	Thin N.D.	...	2	This boy nursed in open air day and night for one month before discharge. During this time not in contact with other patients	206	July 30	91	13	F. 7	Did not sleep together
119	F.	5	May 17	May 20	July 9	51	+	None on admission	...	...	...	...	...	...	—	...	P	...	...	1	Kept in because of poor pulse	190	July 13	57	4	F. 39	Separate beds
142	F.	5	May 30	June 5	July 22	48	+	11	...	June 13	...	...	...	...	On feet	...	P	...	...	4	Nursed in open air all through illness. Kept in because of N.D.	228	Aug. 21	83	30	F. 24	Separate bedroom.
252	M.	2	Sept. 10	Sept. 11	Oct. 27	47	+	4	...	...	...	...	...	...	—	...	N	Cough slight	...	0	...	Outside case	Nov. 3	54	7	F. 17	F. 17 and case 252 had meals together; the latter was a nursemaid
258	F.	9	Sept. 15	Sept. 18	Oct. 22	35	+	4	...	...	...	...	...	...	Not at any time	...	P	...	...	2	...	287	Oct. 30	45	8	M. 8	Separate bedroom
248	F.	9	Sept. 7	Sept. 8	Oct. 11	34	+	6	...	...	...	...	...	...	+	...	N	...	A "cold" about 22nd Oct.	4	...	Outside case	Oct. 29	53	18	F. 2	Kept apart for one week, thereafter mixed freely. Did not sleep together.
II.—SCARLET FEVER HOME RETURN CASES.																												
260/08	F.	8	Nov. 26	...	Disinfection Dec. 23	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	72	March 1	95	...	M. 4	Not in same bed
28	M.	8	Jan. 25	...	Disinfection March 10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	290	Oct. 30	278	—	M. 13	...
80	M.	7	March 24	...	Disinfection May 4	...	...	...	...	...	...	...	...	...	...	...	N	Cough slight	...	...	...	115	May 9	44	5	F. 9	...
81	F.	17	March 17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
82	F.	22	March 23	...	Disinfection May 10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	327	Dec. 26	284	—	F. 19	...
83	F.	27	March 26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
III.—SCARLET FEVER DISCHARGE FOLLOWED BY DIPHTHERIA.																												
282/08	F.	6	Dec. 24, '08	Dec. 25	Jan. 26	...	+	2	...	...	...	...	...	...	...	...	N	Small sores over sacrum	...	...	K. L. B. found in nasal discharge after onset of Case 48	Diphtheria 48	Feb. 21	59	26	F. 28	...
IV.—DIPHTHERIA HOSPITAL RETURN CASES.																												
Diphtheria 23	F.	20	Jan. 31	Jan. 31	Feb. 25	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	During the month preceding Case 77's attack, Case 23 (a Nurse) nursed in the ward where Case 77 had been a patient from April 7th	Diphtheria 77	April 30	...	...	M. 5	...
Diphtheria 92	M.	3	May 30	June 4	June 28	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	132	July 10	...	...	F. 11	Case 132 had K. L. B. in nose swab
Bacteriological case, sister of case	F.	6	?	June 7	July 2	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
V.—DIPHTHERIA DISCHARGE FOLLOWED BY SCARLET FEVER.																												
Diphtheria 171	F.	2	Sept. 16	Sept. 26	Dec. 13	78	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Cases 321, 322, 325 failed with Scarlet Fever, Dec. 19th, 20th and 26th. Case 171 remained well	...	...	...	...	F. 9 F. 7 F. 12	...

Two Nurses from an I.D.H. came to Brighton for a ten days' holiday; they left on April 10th. An inmate, F., aged 17, in same house, failed with Scarlet Fever, April 14th (she did not occupy the same bedroom).

Case 216, M. 6, onset Scarlet Fever, August 7th; Sanatorium, August 9th; Discharged, September 11th; re-admitted, with Diphtheria, on October 8th.

*Case 19 not case 21 is taken as the case which gave rise to the return case.

†Cases 156 and 208 were not cases of Scarlet Fever in our opinion.

acted promptly. Sometimes delay is caused by the doctor waiting for the result of the bacteriological examination of a swab before notifying. This delay is advisable in the case of adults, because the swabs from many of these, suffering from what is apparently true clinical diphtheria, give repeated negative results; also the danger to life is slight. On the contrary, when the doctor suspects diphtheria in a child under 10 years of age, he should either have the case removed to hospital at once or himself give anti-toxin; he should never delay in order to make certain by awaiting the result of a swab. Even 12 hours' delay increases greatly the risk of death. After admission, if the swab is negative, no harm results to the child.

No.	Sex.	Age.	Onset.	Day of disease on which			Remarks.
				Doctor called in.	Removed to Sanatorium.	Died.	
1	F.	6	Jan. 2nd	5th	5th	12th	Laryngeal.
2	M.	2	?	Jan. 6th	not removed	Jan. 9th	
7	F.	5	Jan. 17th	5th	5th	12th	
8	M.	6	Jan. 18th	3rd	5th	6th	
18	M.	4	Jan. 26th	3rd	3rd	7th	
20	F.	6	Jan. 23rd	2nd	7th	7th	
28	F.	4	Jan. 29th	2nd	not removed	10th	
31	M.	15 months	Feb. 3rd	4th	9th	13th	
55	F.	21	Feb. 25th	10th	13th	13th	{ Tracheotomy at home. Pneumonic form of diphtheria
67	F.	5	Mar. 26th	4th	4th	5th	
71	F.	2	Apl. 7th	2nd	5th	17th	
82	F.	7	May 6th	4th	5th	14th	
104	M.	8	June 12th	17th	18th	50th	{ Discharged on July 13th. Admitted to Infectious Disease Hospital simply because of infective nasal discharge. Had no apparent illness during his stay.
105	F.	2	June 24th	5th	5th	10th	
110	M.	9	June 29th	5th	5th	7th	
140	F.	6	Aug. 9th	6th	6th	43rd	
190	F.	9	Oct. 23rd	3rd	3rd	14th	
215	F.	5	Nov. 27th	7th	7th	7th	{ Died in mail cart on way to Sanatorium.

TRACHEOTOMY CASES.

5 Diphtheria cases required tracheotomy. These are tabulated below.

No.	Sex.	Age.	Day of Onset.	Days of Disease.		Termination.	Remarks.
				Dr. called in.	Removed to Sanatorium.		
20	F.	6	Jan. 23rd	2nd	7th	Death on 7th day	Tracheotomy before admission.
55	F.	21	Feb. 25th	10th	13th	Death on 13th day	
101	F.	5	June 19th	4th	4th	Recovery	
213	F.	4	Nov. 29th	2nd	4th	Recovery	
219	M.	4	Nov. 27th	10th	10th	Recovery	

Of the two patients who died, one, a female, aged 21, had pneumonia, and was operated upon previous to admission; the other, Case 20, was not admitted until the 7th day of disease in a moribund condition.

FIGURES FOR 1909, COMPARED WITH 1908.

COUNTY BOROUGH OF BRIGHTON HOSPITALS.

Expenditure—Sanatorium, Bear Road.

	1908.			1909.			Differences.			
	£	s.	d.	£	s.	d.	£	s.	d.	
Salaries and Wages—										
Medical Officer*	100	0	0	100	0	0	—			
Matron	90	0	6	90	0	6	—			
Nurses and Servants	1125	7	5	1085	8	4	—	39	19	1
Labour (gardens)	130	1	10	122	4	0	—	7	17	10
Repairs	505	16	11	104	18	3	—	400	18	8
Fuel	1021	1	3	843	5	2	—	117	16	1
Electricity	194	5	6	206	8	9	+	12	3	3
Gas	63	8	2	46	17	8	—	16	10	6
Water	50	0	0	55	5	5	+	5	5	5
Milk Pasteurizer	48	10	0	—			—	48	10	0
Sundry household goods, furniture and repairs	198	19	6	328	6	7	+	129	7	1
Provisions	2075	11	9	2049	16	0	—	25	15	9
Drugs and medical sundries... ..	183	12	0	215	2	1	+	31	10	1
Surgeons' fees (special cases) and hire of extra nurses	74	13	5	28	8	6	—	46	4	11
Dresses for Matron, uniforms for nurses and servants, hospital garments, linen, flannel and drapery goods	182	9	0	170	1	2	—	12	7	10
Printing, advertising, stationery and stamps	20	13	0	26	3	1	+	5	10	1
Rates, taxes and insurance	450	5	0	455	5	0	+	5	0	0
Travelling expenses, cab hire, carriage, telegrams and sundries	21	11	5	27	9	3	+	5	17	10
Garden seeds, manure, &c.	15	14	6	49	6	11	+	33	12	5
Telephone rent	6	13	3	6	13	3	—			
Installation of heating apparatus at the Scarlet Fever Pavilion	—			246	0	0	+	246	0	0
<i>The Grange, Fulking.</i>										
Wages	72	16	0	72	16	0	—			
Repairs	7	12	10	9	19	5	+	2	6	7
Fuel	11	3	9	9	2	0	—	2	1	9
Sundry household goods	510	6		5	12	8	+	0	2	2
Travelling and miscellaneous expenses... ..	2	10	4	1	12	8	—	0	17	8
Rates, taxes and insurance	11	1	2	11	1	4	+	0	0	2
Telephone renta	35	0	0	35	0	0	—			
	£6704	9	0	£6402	4	0	—	£302	5	0

The Total expenditure was £6,402 4s. 0d. as compared with £6,704 9s. 0d. in the preceding year, a decrease of 5 per cent. The total number of weeks spent by patients in the Sanatorium was 5 per cent. less in 1909 than in 1908.

A considerable saving has been effected in coal and coke during the last year.

This is due—

(1) To lower range of prices. The contract price of coal and coke for the year ending May 31st, 1910, is 2s. under that for the previous year.

(2) To the use of powder which prevents crusting of chalk in the interior of the boiler. The Engineer estimates that one ton of fuel is saved weekly in this way.

(3) To the greater proportion of coke used; in 1908, 451 tons of steam coal and 410 tons of coke were used, in 1909, 279 tons of steam and 499 tons of coke were used.

(4) Over 30 tons less coal has been required for the wards. This is due to the continuance of the policy of the early discharge of scarlet fever patients. In the first half of 1908, 123 scarlet fever patients spent 975 weeks (average time 55 days) in hospital, during 1909, 281 patients spent 1540 weeks (average time 38 days).

The shorter stay in hospital allowed the closing of one floor of the Scarlet Fever Pavilion for the greater part of the year.

THE WORK OF THE MUNICIPAL LABORATORY for 1909.

	Positive.	Negative.	Doubtful.	No Growth.	Total.
<i>Examination for Diphtheria Bacilli.</i>					
(a) Town Swabs	146	953	7	71	1177
(b) Sanatorium Swabs—					
Swabs from Diphtheria Patients on admission	218	310	6	12	546
Swabs from Convalescent Diphtheria Patients previous to discharge	309	1150	4	58	1521
Swabs from Scarlet Fever Patients on admission	5	286	4	6	301
Swabs from Convalescent Scarlet Fever Patients previous to discharge	15	74	1	1	91
Total number of Swabs ...	...	...	...	...	3636
<i>Examination for Tubercle Bacilli.</i>					
(a) Town Sputa	282	80	...	...	362
(b) Sanatorium Sputa—					
Sputa from Patients in Phthisis Wards ...	98	63	...	...	161
Total number of Sputa ...	...	...	...	...	523
<i>Examination of Blood Specimens for Widal's reaction.</i>					
Town	19	35	12	...	66
In-patients (Typhoid) ...	7	6	5	...	18
Total number of Serums ...	...	...	...	...	84
<i>Examinations of hairs for Tinea.</i>					
Town Cases	115	43	4	...	162
Hospital Cases... ..	2	1	...	...	3
Total number examined ...	...	...	...	...	165
Miscellaneous ... ..	...	...	...	...	33

The miscellaneous specimens not classified in detail above include specimens of urine and sputa from 7 scarlet fever cases. In addition, the milk supply of the Sanatorium is analysed once fortnightly for the percentage of fat present.

	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909
Widal Test for Typhoid Fever	95	88	103	106	98	92	57	31	69	84
Bacterio-logical Diagnosis of { Diphtheria ...	2191	2962	2537	3559	3107	2573	2388	2804	3587	3636
{ Phthisis ...	86	125	169	338	472	383	720	672	611	523
{ Ringworm, &c	—	—	—	—	—	46	18	18	27	165
Other specimens	—	—	—	—	—	—	—	—	—	33

Scarlet Fever Patients.—Swabs are obtained from the throat and nose of each patient on admission, and swabs are also examined whenever an inter-current sore throat or irritating nasal discharge occurs.

Examination of water supplies.—Careful records are kept of all the analyses made of the five water supplies, and we are gradually collecting a long series of standard analyses for reference, which will enable us rapidly to check any possible departure from normal conditions. It need hardly be said that the water in use from each of the sources of supply is extremely pure. The number of analyses in 1909 has been as follows:—

Number of Samples examined.						Chemically.	Bacteriologically.
Goldstone	...	...	...	...	...	12	11
Mile Oak	...	...	...	...	...	12	11
Shoreham	...	...	...	...	...	13	12
Patcham	...	..	...	...	...	12	11
Falmer	...	...	...	...	...	12	11
Total						61	56

Further work of the Municipal Laboratory.

- 1.—All the outfits used by the local doctors in the diagnosis of infectious disease are made up in the laboratory. These outfits include swabs used for diphtheria; test-tubes for the collection of sputa; small glass tubes for blood for the Widal reaction.
- 2.—Several of the standard chemical solutions used in the analysis of the waters are made up in the laboratory.
- 3.—All the media used in the bacteriological analysis of water are made in the laboratory. The blood serum is obtained from the municipal abattoir.

SANITARY WORK OF THE YEAR.

SANITARY INSPECTION.

In the following Tables, prepared by Mr. Skinner, the Chief Sanitary Inspector, the work of the Sanitary Department is stated, so far as it can be given in tabular form :—

Inspections during 1909.

	Totals for 1908.	Totals for 1909.
Number of Streets Inspected	251	326
„ Houses and other Premises Inspected	17108	17348
No. of Complaints attended to... ..	1010	1126
„ Visits to Slaughter Houses	2800	2904
„ „ Cowsheds	93	41
„ „ Bakehouses	258	195
„ „ Dairies and Milk Shops	329	510
„ „ Provision Shops	4171	3518
Number of Day Visits to Common Lodging-Houses	238	226
Number of Night Visits to ditto	104	104
„ Visits in respect of Sickness	4704	3579
„ Visits to Disinfect Rooms	806	852
„ Visits for Removal of Bedding	689	673
„ Drains Tested by Volatile Test	32	48
„ Drains Opened for Examination... ..	276	370
„ Visits for Sundry Purposes	7713	5705
„ Visits to look up Notices served... ..	5375	5790
„ Attendances at Police Court	18	23
„ Samples Collected for Analysis	516	555
Samples for Bacteriological Examination—		
Oysters	—	5
Milk for Tubercule Bacilli	—	50
Number of Inspections of Stables	1662	1788
„ Wastes of Water Reported	48	102
„ Letters sent to Schools and Public Library	1549	1365
Meteorological Observations taken	1098	1095
Visits to Schools	149	132
Number of Visits under Factory and Work-shops and Shop Hours Acts... ..	4666	3974
Drains Flushed	24	21
Circulars Delivered <i>re</i> Diarrhœa, &c.... ..	11000	10300
Markets Committee, One Inspector	13 days.	10 days.
Visits to Houses Let in Lodgings (Day)	235	153
„ Offensive Trades	203	213
Smoke Observations	118	64
Contagious Diseases (Animals) Act	5	6
Visits to Ice Cream Vendors	59	132

It will be seen by the above table that 3,518 visits have been made to provision shops during the year; these were principally to the fish shops, to ensure the regular removal of the offal and empty boxes, &c., in which the fish arrived, as well as to see that the utensils used in the fried fish shops were kept clean, as if these are allowed to become dirty the nuisance caused by the frying is intensified.

All stables have been regularly inspected and the weekly removal of the manure insisted on. Very few complaints are now received of offensive smells from stables.

64 smoke observations have been made during the year, and notices served on the offenders. The nuisance from smoky chimneys in the town is steadily diminishing.

All premises where offensive trades are carried on have been regularly visited, and the frequent removal of offensive matter insisted on.

132 visits were made during the hot weather to premises where ice cream is manufactured, to see that proper precautions were taken to prevent its contamination.

The visits for sundry purposes include the testing of house drains after repairs and alterations, but not the testing of new drains. The latter is done by the Borough Surveyor's department. Visits to premises with builders and owners, to arrange details for carrying out the work ordered, inspections of common passages at the rear of houses, waste land, areas of unoccupied houses, and visits to dirty houses are also included under this head. Houses occupied by dirty tenants are kept under observation until an improvement in their condition is made.

Many of the complaints received were due to the keeping of fowls' rabbits, pigeons, &c., in the back yards of houses. This practice is most objectionable and sometimes causes serious nuisance.

Many visits have been made in company with the Inspectors of the National Society for the Prevention of Cruelty to Children to houses where the children have been found suffering from neglect. These joint visits have been very beneficial to the children, both physically and morally.

The sanitary inspections enumerated in the preceding table have been followed by the serving of the notices given in the next table. A large proportion of the work is done on the strength of verbal recommendations or preliminary notices.

Notices served during 1909.

Nature of Notice.	Warning and Verbal Notices.						Final Notices.				Total number of notices complied with	
	Number served.		Number complied with before service of final notice.		Number reported for final notice.		Number served.		Number complied with.			
	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.	Owners.	Occupiers.
To drain into sewer and fill up cesspools	3	—	2	—	1	—	1	—	1	—	3	—
To relay drain and fill up cesspools	8	—	6	—	2	—	3	—	3	—	9	—
To relay drain	167	—	89	—	78	—	71	—	70	—	159	—
To repair drain or soil pipe	79	—	46	—	33	—	30	—	30	—	76	—
To trap drain	38	—	28	—	10	—	14	—	13	—	41	—
To cleanse and whitewash rooms	331	33	212	21	119	12	115	3	104	3	316	24
To clear drain or soil pipe	112	32	42	11	70	21	83	14	83	14	125	25
To clear, repair or cleanse closet, or repair flushing apparatus or pan ...	482	195	282	83	200	112	213	82	206	82	488	165
To repave yard or scullery	356	3	189	3	167	—	163	—	156	—	345	3
To abate other nuisances..	856	63	540	39	316	24	285	20	259	20	799	59
To provide covered dust bins	541	1	317	1	224	—	227	—	203	—	520	1
To provide premises with a proper water supply ...	6	—	6	—	—	—	—	—	—	—	6	—
To cleanse premises and remove foul accumulations	62	273	20	143	42	130	35	49	33	48	53	191
To provide manure receptacles	11	—	6	—	5	—	9	—	8	—	14	—
To remove foul manure pits	7	—	4	—	3	—	4	—	4	—	8	—
To provide W.C. accommodation	8	—	6	—	2	—	5	—	5	—	11	—
To render damp walls with cement compo	82	—	45	—	37	—	35	—	31	—	76	—
To lay on water to closets...	5	—	1	—	4	—	12	—	12	—	13	—
To abate overcrowding ...	—	100	—	23	—	77	—	79	—	79	—	102
To discontinue keeping animals so as to be a nuisance	—	117	—	19	—	98	—	102	—	101	—	120
To abate smoke nuisance...	—	31	—	28	—	3	—	3	—	3	—	31
To cleanse and whitewash bakehouses	—	16	—	16	—	—	—	1	—	1	—	17
To cleanse and whitewash workrooms	1	16	1	16	—	—	—	1	—	1	1	17
To alter water pipes ...	1	—	—	—	1	—	2	—	2	—	2	—
To pave and drain stables	7	—	3	—	4	—	2	—	2	—	5	—
To discontinue to let or occupy cellar dwellings...	—	1	—	—	—	1	—	2	—	2	—	2
To cause waste pipes to discharge in the open air	3	—	—	—	3	—	2	—	2	—	2	—
To pave yard adjoining house wall... ..	33	—	18	—	15	—	22	—	17	—	35	—
Totals	3199	881	1863	403	1336	478	1333	356	1244	354	3107	757

Owing to the wet weather during the past year many complaints have been received of dampness, especially in the old houses in the central part of the town, and a large number of notices have been served on the owners to remedy this by rendering the external surface of the walls with Portland cement compo; paving the yards adjoining the walls with concrete; providing ventilation under floors and substituting board floors for brick floors in living rooms.

Three summonses have been necessary during the year to enforce compliance with notices.

COMMON LODGING HOUSES.

Eleven are at present registered, having accommodation for 351 lodgers. The bye-laws have been properly carried out in these houses during the past year.

HOUSES LET IN LODGINGS.

Bye-laws for houses of a rateable value not exceeding £26, and having four families in them if the landlord lives in the house, were confirmed by the Local Government Board, on July 13th, 1893. Sixty-four such houses are now on the register.

There has been no breach of the bye-laws respecting these houses during 1909.

REMOVAL OF HOUSE REFUSE.

In accordance with the arrangement made with the Borough Surveyor's department, the following information has been supplied, and the necessary notices served in each instance.

No dust bins, defective bins, &c.	...	...	...	67
Other sanitary defects	...	...	...	None

During the greater part of the year, the refuse from ordinary dwelling-houses is collected weekly, but during the hot weather, in July and August, it is collected twice a week, and, by special arrangement, the collection is made from hotels and large boarding-houses twice or three times a week during the whole year.

It would be beneficial to the health of the inhabitants of the town if the collection was made from every house at least twice a week during the winter months and thrice weekly during the summer.

HOUSING OF THE WORKING CLASSES ACT, 1890—PART II.

Official representations have been made by me under Part II. of the above Act during 1909, that the following premises were in a state so dangerous or injurious to health as to be unfit for human habitation :—

Situation of premises.	Number of houses.	Legal proceedings taken.	Result.
Laurel Row	2	No.	Houses put into thorough repair.
Warwick Street	2	Yes.	Closing order made, and both houses afterwards demolished by order of Town Council.
Tichborne Street	1	No.	House put into thorough repair.
Lennox Street	1	No.	Ditto.
Gardner Street	1	Yes.	Summons adjourned by the Magistrates, and house afterwards put into thorough repair.
High Street	7	No.	Five of the houses have been demolished by the owner, and a closing order has been made by the Town Council in respect of the other two under the Housing, Town Planning, &c., Act, 1909.
Cannon Street	1	No.	Closing order made under Housing, Town Planning, &c., Act, 1909.
Steine Gardens	2	No.	Ditto.
Marshall's Row	1	No.	House put into thorough repair.

On December 3rd, 1909, the Housing, Town Planning, &c., Act, was passed. This Act repeals several Sections of the Housing of the Working Classes Act, 1890, and completely alters the method of dealing with houses which are unfit for human habitation.

Under the Housing of the Working Classes Act, closing orders were made by the Magistrates in cases where the owners failed to comply with notices to make the houses fit for human habitation.

Under the new Act no notice is served, but the Town Council make an order prohibiting the use of the house for human habitation until in their judgment it has been rendered fit for that purpose.

At the time of the passing of the new Act no steps had been taken to make five of the houses mentioned in the above table fit for human habitation. Fresh representations were therefore made by me under the new Act, and a closing order has been made by the Town Council in each case.

FISH MARKET.

During the year no complaints were received of bad smells from the Fish Market. Every possible care has been taken to prevent this, but owing to the market being situated under the Parade and without means of through ventilation, it is difficult to avoid some smell in the hot weather.

The premises have been kept under close observation by Mr. Skinner, the Chief Inspector, who has taken steps to prevent two of the chief causes of the bad smells complained of in the past, viz., the depositing of

decomposing fish offal in the offal cart-by shopkeepers to save themselves the expense of having it removed from their shops daily, and the accumulation of empty fish boxes, &c., in the market, all empties are now removed daily, Sundays excepted.

During 1909 the following fish have been surrendered in the Fish Market and destroyed by arrangement with the owners :—

Wet Fish.			Dried Fish.	Shrimps, Pink and Brown.	Shell Fish.	
Flat Fish.	Herrings and Mackerel.	Other Wet Fish.			Whelks and Winkles.	Other Shell Fish.
cwts. qrs. lbs.	cwts. qrs. lbs.	cwts. qrs. lbs.	cwts. qrs. lbs.	cwts. qrs. lbs.	cwts. qrs. lbs.	Queens, 5 cwt. Oysters, 2,200
25 3 0	24 3 0	56 1 0	34 0 0	12 2 0	22 0 0	

Total weight (not including Oysters), 9 tons 0 cwt. 1 qr. 0 lbs.

PUBLIC ABATTOIR.

The Public Abattoir has been open 15 complete years. The number of animals slaughtered each year is shewn in the following table :—

Year.	No. of Animals Slaughtered.
1894	433
1895	6,991
1896	11,184
1897	12,054
1898	12,650
1899	16,384
1900	18,304
1901	17,645
1902	20,318
1903	22,962
1904	25,804
1905	26,978
1906	26,875
1907	24,889
1908	24,769
1909	23,143

The number of animals killed in 1909 was 23,143, viz. :—

1,876 beasts,	} in the public slaughter-houses,
1,277 calves,	
671 lambs,	
6,275 sheep,	
7,924 pigs,	
and	
21 beasts,	} in the private slaughter-houses.
27 calves,	
253 lambs,	
1,314 sheep,	
3,505 pigs,	

The amount received in tolls since the opening of the Abattoir has been as follows:—November and December, 1894, £7 13s. 4d.; 1895, £102 15s. 4d.; 1896, £122 4s.; 1897, £115 7s. 7d.; 1898, £185, 10s. 3d.; 1899, £243 9s. 4d.; 1900, £279 17s.; 1901, £271 13s. 10d.; 1902, £352 14s. 10d.; 1903, £402 11s. 10d.; 1904, £433 4s. 3d., 1905, £451 9s.; 1906, £467 5s. 2d.; 1907, £515 2s. 3d.; 1908, £436 11s. 7d.; 1909, £461 0s. 4d.

PRIVATE SLAUGHTER-HOUSES.

In various parts of the town 33 private slaughter-houses are in use. The bye-laws for slaughter-houses have, with few exceptions, been fairly well carried out.

It was, however, found necessary to prosecute in one case for failing to remove from the premises the waste products from animals slaughtered therein at least once in 24 hours. A fine of 20s. and costs was imposed.

Each slaughter-house is visited several times a week by Inspector Cuckney, Superintendent of the Abattoir.

In connection with the private slaughter-houses,* quite recently a practice has arisen where the occupiers have allowed animals, other than those belonging to them, to be put into the pens and lairs, and in some cases to remain on the premises for three or four days, and then to be removed to another slaughter-house for slaughter.

This practice ought not to be allowed, as it very frequently causes overcrowding in the pens and lairs; and in some cases the animals are allowed to roam into the slaughter-house and yard, and thereby an infringement of the bye-laws occurs.

Unsound Meat surrendered during 1909.

Description.	Number of Animals.	Number condemned by Magistrate.	Number condemned by arrangement with owners.	Total weight in lbs.
<i>A.—At the Abattoir—</i>				
Bullocks (whole carcase) ...	8	—	8	5453
„ (part of carcase) ...	248	—	248	7281
Calves (whole carcase) ..	4	—	4	111
„ (part of carcase) ...	6	—	6	98
Sheep (whole carcase) ...	6	—	6	499
„ (part of carcase) ...	44	—	44	369
Pigs (whole carcase) ..	48	—	48	5726
„ (part of carcase) ...	644	—	644	5204
	1008	—	1008	24741
<i>B.—In the Private Slaughter-Houses and Shops—</i>				
Bullocks (whole carcase) ..	11	—	11	7470
„ (part of carcase) ...	510	—	510	15475
Calves (whole carcase) ...	3	—	3	328
„ (part of carcase) ...	6	—	6	200
Sheep (whole carcase) ...	27	—	27	1543
„ (part of carcase) ...	137	—	137	1858
Pigs (whole carcase) ...	9	—	9	680
„ (part of carcase) ...	60	—	60	544
	763	—	763	28098

* This refers only to one or two slaughter-houses.

Tuberculosis.—Of the beasts—4 steers, 2 heifers and 13 cows were found to be diseased to such an extent that the whole carcase was destroyed. 227 parts of beasts were also found to be tuberculous, 1 calf and two parts, 1 goat, 33 pigs and 154 parts of pigs were also found to be tuberculous.

In addition to the above, 3 carcasses of cows were destroyed. These came from Dairy Farms supplying milk to Brighton. Total weight, 2,207 lbs.

Other Foods seized or surrendered in 1909.

129 rabbits (Australian), 56 fowls (Russian), 1 goat, 5 bushels of cherries, $8\frac{1}{2}$ bushels of currants, 4 gallons of gooseberries, 2 bushels of plums, 10 boxes of oranges, 1 box of chicory, 3 hampers of cauliflowers, 49 barrels, 4 boxes and 6 pads of pears, 1 box and 1 crate of grapes.

SALE OF FOOD AND DRUGS ACTS.

Number of samples collected	...	...	...	555
„ „ adulterated	...	...	...	14
„ prosecutions	...	...	...	2
„ convictions	...	...	...	2
Aggregate amount in fines		£7	0	0
Analyst's fees recovered		0	10	0
		<hr/>		
		£7	10	0
		<hr/>		
Cost of samples	..	...	£2	15 2 $\frac{3}{4}$
Cost of assistance, postage and railway fares	...	...	6	10 1 $\frac{1}{2}$
Cost of analysis	...	...	196	16 0
Analyst's salary	..	...	50	0 0
			<hr/>	
			£256	1 4 $\frac{1}{4}$
Fines & Analyst's fees recovered			7	10 0
			<hr/>	
Net cost of working the Acts...			£248	11 4 $\frac{1}{4}$
			<hr/>	

Two milk sellers were fined amounts of £5 0s. 0d. and £2 0s. 0d. and Analyst's fees (5s.) in each case.

SALE OF FOOD AND DRUGS ACTS, 1875-99.

Statement of prosecutions and other actions taken in the County Borough of Brighton during the year 1909.

No. of sample.	Article analysed.	Nature and extent of adulteration.	Result of prosecution or other action.
4 O.	Milk.	Deficient in fat, 2·96 per cent.	No action taken.
139 I.	Milk.	Solids not fat, 8·2 per cent.	No action taken.
159 I.	White wine vinegar.	Contains 4·26 per cent. of acetic acid and only ·01 per cent. residue. It contains no bitartrate of potash and therefore cannot be white wine vinegar, unless it is a distilled production of sour white wine.	No action taken as the label stated "white vinegar."
162 I.	Spirit of nitre.	15·5 per cent. of gas. Should yield 25 per cent. Ethel nitrate low.	No action taken. Note by Public Analyst prosecution would fail.
166 I.	White wine vinegar.	Same remarks as No. 159. Residue higher, ·25 per cent. Trace of potassic bitartrate.	No action taken as the label stated "white vinegar."
246 I.	Camphorated oil.	This oil only contains 10 per cent. camphor. The oil is also not olive oil, therefore it is without doubt adulterated.	No action taken as the oil was labelled "camphor and oil." Sold in penny bottles.
316 O.	Camphorated oil.	Adulterated, for the sample only contains 10·8 per cent. of camphor and 82·8 per cent. of an oil which is not olive oil	Ditto.
320 O.	Milk.	Deficient in fat, 5 per cent.	Cautioned.
339 O.	Milk.	Adulterated with 10 per cent. of added water.	Fined 40s. and 5s. costs.
360 O.	Milk.	Deficient in fat, 33·4 per cent.	Fined £5 and 5s. costs.
379 O.	Milk.	Deficient in fat, 6 per cent.	Cautioned.
434 O.	Milk.	Deficient in fat, 3·4 per cent.	Cautioned.
499 I.	Milk.	Deficient in fat, 10 per cent.	Milk from one cow. Time of milking 6.30 a.m. and 3.30 p.m. This would probably account for the deficiency of fat in the sample. This opinion is borne out by sample No. 500, which was taken after the times of milking had been altered to 6.30 a.m. and 5.30 p.m. This sample contained 3·2 per cent. of fat.
522 I.	Camphorated oil.	Only contains 16 per cent. of camphor.	Cautioned. Official sample No. 541 contained 21·2 per cent. of camphor. This was purchased 13 days after the informal sample at the same premises.

O = Official samples.

I = Informal samples.

BUTTER AND MARGARINE ACT, 1907.

No. of sample.	Article analysed.	Nature and extent of adulteration.	Result of prosecution or other action.
75 I.	Margarine.	Genuine.	Handed to the purchaser in a plain wrapper. As the bulk of the margarine exposed for sale was labelled in accordance with the Act, the proprietor was cautioned.
420 I.	Margarine.	Genuine.	Ditto.

O = Official sample.

I = Informal sample.

PUBLIC ANALYST'S REPORT.

By MEREDITH WYNTER BLYTH, B.A., B.Sc., F.I.C.

Table shewing the result of the analysis of samples taken under the Sale of Food and Drugs Act during the year 1909.

Samples of	Number of Samples.	Adulterated.	Percentage of Adulteration.	Nature of Adulteration.
Milk	342	7	2·04	Abstraction of fat. Addition of water.
Condensed Milk	7	—	—	
Butter	112	—	—	
Margarine ...	16	—	—	
Lard	15	—	—	
Cheese	3	—	—	
Cream	7	—	—	
Condiments ...	10	—	—	
Sausages	5	—	—	
Brandy	2	—	—	
Sweets	2	—	—	
Drugs	31	3	9·67	Camphorated oil deficient in camphor and containing no olive oil.
White Wine Vinegar ...	2	2	100·00	Not made from wine.
1909—Total ..	554	12	2·16	
1908— „ ...	501	53	10·57	
1907— „ ...	506	50	9·88	
1906— „ ...	501	61	12·17	
1905— „ ...	503	60	11·92	
1904— „ ...	501	47	9·38	
1903— „ ...	507	92	18·14	
1902— „ ...	502	114	22·70	
1901... „ ...	490	93	18·97	

Milk.—The year 1909 has been remarkable for the very small amount of adulteration of milk, as may be seen by the following tables:—

Year.	Total milk samples.	Adulterated.	Percentage of Adulteration.	Average Percentage of Fat.
1907 ...	326	30	9·20	3·47
1908 ...	375	48	12·80	3·51
1909 ...	342	7	2·04	3·51

Table shewing total samples of milk analysed and proportion watered or deficient in fat from 1900 to 1909 :—

					Total samples.	Below standard.	Per cent. below standard.	Average per cent. of fat.
Week-day samples	{	Wholesale, 1900-1908	...	...	767	34	4.43	3.60
		„ 1909	...	...	37	1	2.70	3.39
	{	Retail, 1900-1908	...	...	1633	199	12.18	3.51
		„ 1909	...	...	257	5	1.94	3.52
Sunday samples	{	Wholesale, 1900-1908	...	...	36	—	—	3.83
		„ 1909	...	...	—	—	—	—
	{	Retail, 1900-1908	...	...	326	31	9.50	3.54
		„ 1909	...	...	48	1	2.08	3.51

Brandy.—Two samples of brandy were examined and found to be genuine.

The Royal Commission on whisky and other potable spirits produced their final report during the year and practically confirmed the findings of the committee which considered the question in 1890. According to the Commissioners, whisky may be defined as “a spirit obtained by distillation from a mash of cereal grains saccharified by the diastase of malt.” It is obvious from this that molasses, beet, potatoes, and anything that is not a cereal grain cannot be used in the manufacture of whisky. The materials may, however, be used in either a pot or a patent still, and any whisky distilled in Scotland or Ireland may be called Scotch, or Irish whisky respectively. The term “Brandy” is to be applied to a potable spirit distilled from fermented grape juice; but a pot or patent spirit may be employed. The restriction as to grape juice does not apply to the spirit sold as “British Brandy.” The Commissioners further recommend the formation of a committee of skilled persons under government authority who would advise on technical questions affecting the administration of the Sale of Food and Drugs Acts by local authority and the practice of public analysts.

THE LOCAL ADMINISTRATION OF ACTS RELATING TO FACTORIES, WORKSHOPS, WORKPLACES, BAKE- HOUSES, OUTWORKERS, SHOP HOURS, SHOP SEATS AND THE EMPLOYMENT OF CHILDREN.

The whole of the inspections under these Acts have this year been made by Inspector Mills, Inspector Ward who had previously assisted in this work having resigned.

3,974 visits were made for the purpose of carrying out the provisions of the various Acts.

Of these, 2,931 were for the purpose of inspection, and 1,043 for the purpose of looking up works, serving notices, &c.

The ordinary inspections under the Public Health Act, as to nuisances and sanitary arrangements, were made concurrently with most of the inspections of shops and workshops.

The following figures show the number of inspections made, and also the proportion of work done under each Act:—

	On Register.				Inspections made.	
Factories	...	261	...	...	...	60
Workshops	...	2,084	...	...	...	796
Workplaces	...	146	...	...	...	32
Shops	...	4,620	...	...	...	2,043
		<hr/> 7,111				<hr/> 2,931

Of 2,491 { Factories,
Workshops,
Workplaces, } 25 night and
863 day inspections were made.

Of 4,620 { Shops and
Premises
where children
are employed, } 33 night and
2,010 day inspections were made.

The night inspections were all made by Inspector Mills, between 9 p.m. and 6 a.m.

The visits to workshops include 385 inspections of outworkers' premises and 195 inspections of bakehouses, particulars of which are given fully in another part of this report.

The visits to shops include 283 in connection with irregularities under the Employment of Children Act, the remainder being inspections under the Shop Hours Acts, 1892-5; Shop Hours Act, 1904; and the Seats for Shop Assistants' Act, 1899.

The following alterations have been made in the Register of Factories and Workshops.

		Closed.		Added.
Factories...	...	1	—	14
Workshops	...	208	—	168

Florists' shops are now included as workshops under the Factory and Workshop Acts, and notices in respect of thirteen of these have been sent in by H.M. Inspector.

In accordance with the requirements of the Factory and Workshop Act, 1901, Section 127, the following notices of occupation of new factories and workshops have been sent in by H.M. Inspector :—

Dressmaking	...	...	...	17
Tailoring	...	...	...	14
Florists	...	...	...	13
Laundries	...	...	...	6
Millinery	..	...	...	5
Shirtmaking	...	...	...	1
Bakers	...	...	...	1
Photographer	...	...	...	1
Blouse Making	...	...	...	1
Scale Maker	...	...	...	1
Upholstery...	...	...	...	1
Straw Hat Making...	...	...	...	1
Cycle Works	...	...	...	1
Ice Cream Making...	...	...	...	1
Sauce Making	...	...	...	1
Polish Making	...	...	...	1
Total ...				66

In accordance with the requirements of the Factory and Workshop Acts, Section 133, the following notices of workshops and factories in which no abstracts were shown were forwarded to H.M. Inspector :—

Tailoring	...	...	...	8
Dressmaking	...	...	...	4
Millinery	...	...	...	3
Laundries	...	...	...	2
Motor Works	...	...	...	2
Shirtmaking	..	...	...	1
Blouse Making	...	...	...	1
Upholstery...	...	...	...	1
Beer Bottling	...	...	...	1
Tool Grinding	...	...	...	1
Printer	...	...	...	1
Sausage Making	...	...	...	1
Coachsmith	...	...	...	1
Gunsmith	...	...	...	1
Boot Repairing	...	...	...	1
Asbestos Cutting	...	...	...	1
Meter Making	...	...	...	1
Total...				31

The registered workshops are grouped as follows :—

Making of wearing apparel	...	...	1166
Laundries	...	...	160
Building Trades	...	...	156
Bakehouses	...	...	148
Furnishing Trades	...	...	130
Other Trades	...	...	324
Total			<u>2084</u>

The registered factories include the following :—

Railway Works	...	...	...	—
Printers, Bookbinders and Paper Bag Makers	...	...	...	58
Laundries, Dyers and Cleaners	...	...	...	36
Builders and Joinery Works	...	...	...	15
Brewers and Beer Bottling...	...	...	...	15
Upholstery, Cabinet Making and Bedding	...	...	...	12
Mineral Water Factories	...	...	...	12
Motor, Coach and Cycle Works	...	...	...	15
Saw Mills and Firewood	...	...	...	9
Cutlery and Grinding	...	...	...	7
Provisions and Preparation of Food	...	...	...	12
Milling	...	...	...	4
Iron and Brass Foundries	...	...	...	5
Electro Plating	...	...	...	5
Other Factories	...	...	...	56
Total			...	<u>261</u>

64 new workrooms have been measured and the cubic capacity entered on cards or abstracts.

One workshop employing 80 persons has been inspected and reported upon as to insufficient means of escape in case of fire.

The following complaints have been received from H.M. Inspector respecting nuisances and defects in factories and workshops :—

Workrooms requiring whitewashing	...	...	5
Defective ventilation	...	...	2
Without w.c. accommodation	...	...	2
Without separate w.c. accommodation	...	...	2
Insufficient w.c. accommodation	...	...	1
W.C. opening into workroom	...	...	1
Total			<u>13</u>

Seven complaints have been received and forwarded to H.M. Inspector in respect of irregularities in factories and workshops, not remediable under the Public Health Acts; all of these were in respect of excessive hours.

BAKEHOUSES.

195 inspections were made, and 32 breaches of the special regulations were dealt with.

One application was received from the owner of an underground bakehouse for a certificate under Section 101 of the Factory and Workshop Act. A detailed statement of the alterations necessary was sent to the owner, but up to the present the work has not been proceeded with.

The following table shews a great decrease in the number of Occupied Bakehouses:—

		Ground Floor.	Underground.	Total.
Bakehouses in use in 1892	...	55	...	138
„ „ in 1903	...	67	...	118
„ „ in 1909	...	45	...	103
				148

The provisions of the Factory and Workshops Act, 1901, led to the closure of a number of underground bakehouses, but in recent years the competition of large bakeries has led to the closure of many of the smaller bakehouses. The change has resulted in a loss of trade and employment, owing to the principal works of the former firms being outside of the Borough.

OUTWORKERS.

Considerable difficulty is still experienced in getting the employers to send in their lists of outworkers on the date required. Ninety-nine letters were sent to them, calling their attention to this omission, and some of the employers were personally visited in respect of this failure.

374 inspections were made of outworkers' workrooms, particulars of which are given in the following report by Inspector Mills.

“ To the Medical Officer of Health.

“SIR,—In accordance with your instructions I have recently completed an inspection of the workrooms and premises occupied by outworkers in the Borough.

“The importance of the systematic inspection of home workshops by the local authority for the purposes of enforcing the provisions contained in Sections 107 to 114 of the Factory and Workshop Act, has been repeatedly urged by memorandums from the Home Office and in reports by His Majesty's Inspector of Factories.

“In view of the present law and the prospect of further legislation in respect of sweated industries, the following particulars gained during my inspections may be of interest.

“There are 14 trades scheduled which must supply lists of outworkers to local authorities, but only 2 of these in Brighton employ outworkers, viz.: the making and cleansing of wearing apparel and cabinet-making and upholstery work.

“Fifty-eight firms supply the names and addresses of their outworkers to this department twice in each year; the February

lists for 1909 gave 386 names of workers for firms in the Borough, and 4 lists received from other local authorities gave 45 names of workers for firms outside the Borough, making a total of 431 addresses received.

“ Three hundred and seventy-four homes were inspected (the difference between the number inspected and the number sent in is due partly to removals, and because some outworkers being employed by more than one firm their names are repeated).

“ Forty-two of the 374 employ protected persons, *i.e.*, women and young persons, and their workshops are also inspected by His Majesty’s Inspector of Factories.

“ The most important trade is the making of wearing apparel, and I have divided the work in this trade under four heads :—

Tailoring	...	...	...	employing	420	persons.
Blouses and Costumes	...	...	...	„	76	„
Boots	...	...	...	„	66	„
Underclothing	...	...	...	„	59	„
Total					621	„

“ A summary of the details given with each trade shews that the making and repairing of wearing apparel is carried on in 358 homes by 308 male and 313 female workers—

224 occupiers work by themselves.

70 workrooms are domestic workshops.

64 occupiers employ persons other than their own families.

201 occupiers have a separate room for working in.

108 occupiers work in a living or sitting room.

39 occupiers work in bedrooms, 21 of whom have only the one room in which to work, live and sleep.

“ It is of course desirable, as far as possible, that all homework (excepting perhaps underclothing which goes to the laundry before being worn) should be done in rooms set apart for work only.

“ When the rooms are used for other purposes it is difficult to keep them clean and healthy for the occupiers and others using them

“ The law provides for an increased cubic space when a work-room is used as a bedroom, but that does not meet the cases (of which I found several) wherein the room was used for the making of wearing apparel during the daytime and for children and others to sleep in at night.

“ The atmosphere of a tailor’s workroom is never very fresh owing to the use of gas stoves for pressing irons, the steam and smell from the cloth whilst being pressed, the objection to open windows, the closing of stove registers to retain the heat of gas stoves, and sometimes to the habit of smoking. The use of such rooms for sleeping is distinctly unhealthy, and the making of clothing in them objectionable (did they but know) to the subsequent wearer of the clothes

“But, in the case of women who live in one room and work on fine embroidery and underclothing, it would be unreasonable and unnecessary to expect them to provide a separate room.

“Generally speaking the rooms are well kept, and in only a very few instances were they in a very dirty condition, and I have not yet found a case so bad as to need the extreme course of prohibiting work being given out to them.

“The question of means sometimes governs the provision of a proper workroom, and in the course of my inspections it has astonished me to find how hard a struggle many of these outworkers have to live. This is due not so much to the prices paid, as to the irregularity of the work: being all bespoke orders, it is naturally a season trade, and they can only be said to be fully employed for about four months in the year, they are partially employed for another four months, and practically idle the remainder of the year. That is the statement made to me by many of the tailors, and from my personal observations I do not think they have exaggerated, early summer and early winter being their only busy times.

“Not only does the tailor suffer from irregular work, but also from falling prices which the English tailors allege is due to the steady increase in the number of foreign workmen. Eighteen or twenty years ago there were scarcely any foreign tailors in the town, but year by year they have increased till now about half of the making in the tailoring trade is in their hands. Many of them have been in this country some years, speak English and have adopted English names, and their success appears due to their system of sub-dividing the work on garments which enables them to make it quicker and cheaper, whilst the public craze for cheapness ensures them the major portion of the work.

“Whilst generally the English workman works by himself or with his wife, the foreign workman often has a large workroom and employ a number of male and female employees. I may illustrate this by pointing out that the six principal foreign outworkers employ between them forty-eight persons, whilst the six principal Englishmen only employ eighteen persons.

“There appears to be practically no foreigners employed in the making of blouses, boots and underclothing.

“Another interesting point is the increased number of females employed on men's tailoring, though this is partly balanced by the increased number of men now employed in ladies' tailoring.

“In the memorandum from the Home Office, dated 4th October, 1906, it was pointed out that ‘the Secretary of State would gladly welcome the co-operation of the local authority and its officers in calling the attention of the Factory Inspectors to any breach of the Truck Acts or “Particulars” section in the case of outworkers in their district.’

“In regard to the latter, I have ascertained that several firms do not give written particulars as to prices, especially makers of blouses and underclothing, but the tailors generally work by a log, which is satisfactorily adhered to.

" Tailoring.

" The total number of persons employed in this trade are 420, 244 being males and 176 females.

" Two hundred and thirteen are occupiers of workrooms; of these, 91 men and 24 women work in rooms by themselves, the remaining 98 have one or more employees. Of the latter, 45 male occupiers employ 53 males and 97 females, 6 female occupiers employ 10 females, in 47 cases domestic workshops are constituted, the occupier employing other members of his own family.

" The workroom.—In 142 cases the workroom is used for work only, in 52 cases as a living or sitting-room, in 14 cases as a bedroom, in 5 cases the workroom is used not only as a workroom, but also as a living-room and bedroom.

"Blouses, Costumes and Underclothing.

" The total number of persons employed in this trade are 135 females.

" Eighty-seven are occupiers of workrooms; of these, 58 work by themselves 9 are employers, employing 28 female assistants. In 20 cases domestic workshops are constituted, the occupier employing other members of his own family.

" The workroom.—In 18 cases the workroom is used for work only, in 46 cases as a living or sitting-room, in 10 cases as a bedroom, and in 15 cases the workroom is used not only as a workroom, but also as a living-room and bedroom.

" Boot Making.

" The total number of persons employed in this trade are 64 men and 2 women.

" Fifty-eight are occupiers of workrooms; of these, 49 men and 2 women work by themselves, the remaining 4 occupiers employ 5 men. In 3 cases domestic workshops are constituted, the occupier employing other members of his own family.

" The workroom.—In 43 cases the workroom is used for work only, in 10 cases as a living or sitting-room, in 4 cases as a bedroom, and in 1 case the workroom is used not only as a workroom, but also as a living-room and bedroom.

" There are 16 homes in which Upholstery and Cabinet Making is done, 13 of there are occupied by women workers and 3 by men, who employ 4 other men.

" There are also 4 Laundries returned as outworkers, but as these are large laundry factories, no details are given in this report.

" I am, Sir,

" Yours obediently,

" E. E. MILLS,

" Inspector."

SHOP HOURS' ACTS, 1892-5.

Seven complaints were received during the year of excessive hours in shops, all of these were inquired into, and in several instances written statements were taken from the employees.

In no case was it found that the 74 hours allowed by the Act had been exceeded.

Fifty-two shops, employing persons under 18 years of age, were found without the necessary abstract exhibited, and copies of the abstract were served on all of these.

SHOP HOURS' ACT, 1904.

Only one closing order, relating to hairdressers, is in force under this Act, but a considerable amount of work is entailed, the shops affected being kept under observation every Thursday afternoon.

In 1908, Christmas Day was on a Friday, accordingly it was legal for the hairdressers to keep open during the Thursday afternoon, the Thursday being the day immediately preceding the holiday. A considerable number of the hairdressers were of opinion that it would be legal for them to keep their shops open all day on the Thursday preceding Christmas, 1909, which was on a Saturday, and intimated their intention of so doing.

This being brought to the notice of the Town Clerk, Inspector Mills was instructed to visit all the shops and personally interview the occupiers to explain the Act and warn them, 125 were visited and the occupiers warned, 103 were seen personally. All the shops were visited on the Thursday afternoon, but *in every case* were found closed.

Particular attention has been paid to one or two shops which had been complained of.

Only two offences have been committed. these were the failure to exhibit notices on the saloon and outer doors, when the shop was kept open for the purpose of carrying on another business.

The occupiers of these were written to and the omission rectified.

SEATS FOR SHOP ASSISTANTS ACT, 1899.

Thirty-five shops in which more than three female assistants are employed were visited during the year, two of these were without seats, but these were provided after attention had been called to the omission.

1909.

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

1.—*Inspection. Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.*

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (Including Factory Laundries).	60	12	—
Workshops (Including Workshop Laundries).	796	58	—
Workplaces (Other than Outworkers' premises included in Part 3 of this Report).	32	3	—
Total	888	73	—

2.—*Defects found.*

Particulars. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of cleanliness	39	38	—	—
Want of ventilation	12	11	—	—
Overcrowding	5	5	—	—
Want of drainage of floors	4	4	—	—
Other nuisances... ..	24	24	—	—
†Sanitary accom- modation	insufficient	2	1	—
	unsuitable or de- fective	37	36	—
	not separate for sexes	5	5	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouse (S. 101)	—	—	—	—
Breach of special sanitary require- ments for bakehouses (SS. 97 to 100)	32	31	—	—
Other offences (Excluding offences relating to out- work which are included in Part III. of this Report).	2	2	—	—
Total	162	157	—	—

* Including those specified in sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

† Sec. 22 of the Public Health Acts Amendment Act is in force in Brighton.

1909.
3.—Home Work.

Nature of Work.*	Outworkers' Lists, Section 107.										Number of Inspections of Outworkers' premises.	Outwork in Unwholesome Premises, Section 108.			Outwork in Infected Premises, Sections 109, 110.				
	Lists received from Employers.		Twice in the year.		Once in the year.		Numbers of Addresses of Outworkers received from other Councils.		Number of Addresses of Outworkers forwarded to other Councils.			Prosecutions.		In-stances.	Notices served.	Prose-cutions.	In-stances.	Orders made (S.110).	Prose-cutions (S. 109, 110).
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		(11)	(12)	(13)	(14)	(15)	(16)		
	108	846	7	12	95	36	—	—	374	—	—	—	6	—	—	—	—	—	
Wearing Apparel—																			
(1) Making, &c.	6	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Furniture and Upholstery ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Trades																			
Total ...	114	868	7	12	95	36	—	—	374	—	—	—	6	—	—	—	—	—	

* Where an occupier gives out work of more than one class, each class is separately enumerated.

4.—*Registered Workshops.*

Workshops on the register (s. 131) at the end of the year.	Number.
(1)	(2)
Making of wearing apparel	1166
Bakehouses	148
Laundries	160
Furnishing Trades	130
Building Trades	156
Other Trades	324
Total number of workshops on Register	2084

5.—*Other matters.*

Class	Number
(1)	(2)
Matters notified to H.M. Inspector of Factories :—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133)	31
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5)	13
Other	7
Underground Bakehouses (S. 101) :—	
Certificates granted during the year	—
In use at the end of the year	89

TABLE 1.—(*Vital Statistics of Brighton during 1909 and previous Years*).

YEAR.	Population estimated to Middle of each Year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		Deaths of Non-residents registered in public institutions within the Borough.	Deaths of Residents registered in public institutions beyond the Borough.	DEATHS AT ALL AGES NET.	
		Number.	Rate.	Number.	Rate per 1,000 Births registered.	Number.	Rate.			Number.	Rate.
1	2	3	4	5	6	7	8	10	11	12	13
1899 ...	122,040	3058	25·1	530	173	—	—	—	—	—	—
1900 ...	122,860	2920	23·8	484	166	—	—	—	—	—	—
1901 ...	123,668	2984	24·1	483	162	2085	16·8	68	—	2025	16·4
1902 ...	124,539	3072	24·3	387	125	2052	16·2	92	15	1975	15·7
1903 ...	125,405	3046	24·3	348	114	1833	14·6	72	8	1769	14·1
1904 ...	126,286	2963	23·5	395	133	2156	17·1	96	7	2060	16·3
1905 ...	127,183	2901	22·8	297	102	1739	13·6	94	51	1696	13·3
1906 ...	128,095	2853	22·3	317	111	1887	14·7	86	60	1861	14·53
1907 ...	129,023	2710	21·0	301	111	1895	14·69	71	71	1895	14·69
1908 ...	129,976	2809	21·2	293	104	1956	14·77	75	70	1951	14·73
Averages for years 1899-1908	125,907	2931	23·2	383	130	—	—	—	—	—	—
1909 ...	130,926	2675	20·4	255	95	2013	15·37	95	77	1997	15·25

TABLE II.

	Births in 1908.	Number of Deaths during 1909.											
		All causes.	Deaths under one year.	Small Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Measles.	Whooping Cough.	Diarrhoea.	Phthisis.	Other Tubercular Diseases.	Bronchitis and Pneumonia.
Kemp Town	87	95	12	—	1	1	—	—	2	—	10	2	11
Queen's Park	195	146	14	—	—	3	—	1	—	—	17	2	24
Pier... ..	175	200	34	—	—	—	—	—	1	9	31	4	41
Pavilion ...	79	46	5	—	—	—	—	—	—	—	3	1	12
Regency ...	83	126	7	—	—	—	1	—	—	—	11	1	25
West ...	33	61	2	—	—	1	—	—	—	—	2	1	9
Montpelier	87	62	2	—	—	—	—	—	—	1	3	2	12
St. Nicholas	186	128	18	—	1	—	1	—	2	1	14	4	30
St. John's ...	315	199	35	—	—	4	1	—	1	7	21	4	44
Hanover ...	287	197	30	—	—	2	3	—	5	4	21	6	34
Lewes Road	411	219	33	—	3	3	—	—	5	3	14	14	42
St. Peter's...	152	109	19	—	—	—	—	—	2	—	10	5	23
Preston Park	237	157	14	—	1	—	—	—	—	—	12	4	32
Preston ...	352	195	30	—	2	5	—	—	4	3	11	6	37
Total ...	2689	1940	255	—	8	19	6	1	22	28	180	56	376

The above total number of deaths includes five due to drowning in the sea, whose home addresses were not in Brighton.

Of the 271 deaths in the Workhouse, two were of children who were born in the Workhouse.

The Queen's Park Ward contains the Workhouse. Where the information was obtainable, deaths in this Institution have been distributed to the Wards from which the patients were removed to the Workhouse. There remain 24 deaths (out of the 195 in the Queen's Park Ward) which occurred in the Workhouse, of patients whose address was unknown. Of these two were due to phthisis.

The 87 deaths in the Montpelier Ward do not include the deaths of the number of children occurring in the Children's Hospital, whose home addresses were known, these being stated in the Wards to which they belong.

TABLE III.

INFANTILE MORTALITY DURING THE YEAR 1909.—Deaths from Stated Causes in Weeks and Months under one year of age.

CAUSE OF DEATH.										Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-2 months.	2-3 months.	3-4 months.	4-5 months.	5-6 months.	6-7 months.	7-8 months.	8-9 months.	9-10 months.	10-11 months.	11-12 months.	Total Deaths under 1 year.
All Causes Certified	...	...	...	...	95	33	20	12	18	11	10	10	10	17	7	12	255								
All Causes Uncertified	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Influenza ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Diarrhoea ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Syphilis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Erysipelas ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
" Lungs ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
" Intestines	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Other Tuberculous Diseases...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Premature Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	44
Debility at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Atelectasis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Congenital Defects	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
Atrophy, Debility, Marasmus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13
Dentition	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	34
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Pneumonia and Pleurisy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	22
Enteritis, Gastro-Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	43
Accidental Burns	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Suffocation, overlaying	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Other Causes	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16
	61	14	12	8	95	33	20	12	18	11	10	10	10	17	7	12	255								255	

There were no deaths from the diseases given in the corresponding official table of the Local Government Board, which are omitted in the above table.

TABLE IV.

Deaths from all causes in 1909 separated into age-groups.

CAUSES OF DEATH.	Deaths at all Ages.	Death Rate per Million.	AGE AT DEATH.														TOTAL			
																	Males.	Females.		
			0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85 and upwards		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Males.	Females.
Diabetes Mellitus	12	91.65	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	7	5
Anæmia	6	45.82	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	4	2
Lymphadenoma	2	15.28	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2
Premature Birth	44	336.11	28	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Injury at Birth	2	15.28	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Debility at Birth	6	45.83	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	1
Atelectasis	5	38.19	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2
Congenital Defects...	13	99.29	7	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	6
Atrophy, Debility, Marasmus	40	305.55	26	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	26	14
Dentition	3	22.91	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1
Old Age	173	1,321.36	...	...	...	...	...	...	...	...	...	...	...	...	...	10	27	65	55	118
Convulsions	12	91.65	6	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9	3
Meningitis	13	99.29	1	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	9	4
Encephalitis	1	7.64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Apoplexy	13	99.29	1	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...	4	9
Softening of the Brain	6	45.83	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	5
Hemiplegia, Brain Paralysis	5	38.19	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	2	3
Other Forms of Insanity	3	22.91	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2
Cerebral Tumour	3	22.91	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	1
Epilepsy	6	45.83	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	4
Locomotor Ataxy	1	7.64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Paraplegia, Diseases of Spinal Cord	15	114.57	...	...	...	...	1	...	...	...	...	...	2	2	...	2	3	1	8	7
Other Nervous Diseases	29	221.50	1	...	...	...	...	...	2	...	...	...	4	4	...	6	1	1	19	10
Otitis, Otorrhœa	1	7.64	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...
Pericarditis	1	7.64	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...

TABLE IV.

Deaths from all causes in 1909 separated into age-groups.

CAUSES OF DEATH.	Deaths at all Ages.	Death Rate per Million.	AGE AT DEATH.															TOTAL.				
																		Males.	Females.			
			0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85			85 and upwards		
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Obstruction of Intestines...	16	122.21	1	2	...	1	...	...	...	...	...	...	...	2	1	...	1	5	...	1	12	4
Other Diseases of Intestines	1	7.64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...
Cirrhosis of Liver ...	18	137.48	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5	13
Other Diseases of Liver ...	9	68.74	...	...	...	...	...	...	...	...	...	...	...	...	2	4	2	1	...	...	4	5
Peritonitis ...	7	53.47	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	3	4
Other Diseases of Digestive System ...	3	22.91	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2
Diseases of Lymphatic System and Ductless Glands ...	5	38.19	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	2
Nephritis, Acute ...	6	45.83	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	2	4
Bright's Disease ...	31	236.77	...	...	...	...	...	...	...	...	1	...	...	...	2	3	2	...	...	...	16	15
Calculus ...	1	7.64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Diseases of Bladder and Prostate...	6	45.83	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	6	...
Other Diseases of Urinary System ...	3	22.91	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1
Diseases of Ovaries...	1	7.64	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Abortion, Miscarriage ...	2	15.28	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2
Puerperal Convulsions ...	1	7.64	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Other Accidents and Diseases of Pregnancy and Child Birth ...	4	30.55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
Arthritis, Ostitis, Periostitis	1	7.64	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...
Other Diseases of Osseous System ...	3	22.91	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	1
Ulcer ..	2	15.28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1

TABLE IV.

Deaths from all causes in 1909 separated into age-groups.

[illegible]

TABLE IVa.

Deaths of Brighton Residents occurring in Haywards Heath Asylum.

	0-20	20-25	25-35	35-45	45-55	55-65	65-75	75-85	85 +
Progressive Paralysis...	- -	- -	- -	3 -	2 2	- 2	- -	- -	- -
General Paralysis of Insane ...	- -	- -	- -	3 -	1 -	- -	- -	- -	- -
Gumma of Brain ...	- -	- -	- -	- -	- -	1 -	- -	- -	- -
Brain Atrophy...	- -	- -	- -	- -	- -	- 1	3 2	- 2	- -
Brain Softening ...	- -	- -	- -	- -	- -	1 -	- -	- -	- -
Cerebral Embolism ...	- -	- -	- -	- -	- -	- -	- 2	- -	- -
Cerebral Hæmorrhage	- -	- -	- -	- -	- -	- -	- 1	- -	- -
Bronchitis, Acute ...	- -	- -	- -	- -	- -	1 -	- -	- -	- -
Bronchitis, Chronic ...	- -	- -	- -	- -	- -	- -	2 -	- 1	- -
Pneumonia ...	- -	- -	1 -	1 1	1 -	- -	- -	- -	- -
Valvular Disease ...	- -	- 1	- -	- 1	- 1	1 2	- 1	2 1	- -
Nephritis ...	- -	- -	1 -	- -	1 2	- 1	- -	- -	- -
Intestinal Obstruction	- -	- -	- -	- -	- -	- -	- -	1 -	- -
Gastric Catarrh ...	- -	- -	- -	1 -	- -	- -	- -	- -	- -
Senile Decay ...	- -	- -	- -	- -	- -	- -	- -	- 3	- 1
Phthisis... ...	- -	- -	- -	- 1	- 1	- -	- -	- -	- -
Total (57) ...	- -	- 1	2 -	8 3	5 6	4 6	5 6	3 7	- 1

Annual Report
ON THE
MEDICAL INSPECTION, &c.,
OF
SCHOOL CHILDREN
OF THE
COUNTY BOROUGH OF BRIGHTON
FOR THE YEAR 1909.

BY
DUNCAN FORBES, M.D., B.Sc., D.P.H.,
School Medical Officer,

AND
J. LAMBERT, M.D., M.A., D.P.H.
School Doctor.

BRIGHTON:
KING, THORNE & STACE, JUBILEE STREET.

1910.

GENERAL REVIEW OF THE PRINCIPAL DETAILS IN CONNECTION WITH ELEMENTARY EDUCATION IN THE DISTRICT.

The Borough of Brighton has an estimated population for 1909 of 130,926. The area of the district is 2,620 acres.

There are 17 provided schools, including one for mentally defective children, and 15 unprovided schools.

In the 32 schools there are 79 departments. The following table shews the chief factors in regard to attendance during 1909:—

Accommodation	...	19,254
No. on Registers	...	18,034
Average Attendance	...	16,184
% Attendance	...	89·7

Percentage of the average number of children on the register to population = 12·3.

The Education Rate is 1s. 3½d. in the £; the rateable value of the Borough is £897,885 (March, 1909—April, 1910).

The following table shews the cost of medical inspection as defined in the Annual Report for 1908 of the Chief Medical Officer of the Board of Education (salaries of School Medical Officer, Assistants and School Nurses):—

	Average cost for County Boroughs in England and Wales, 1908-9.	Cost for County Borough of Brighton, 1908-9.
Cost of salaries per child in average attendance	5·69d.	7·46d.
Cost as decimal of 1d. rate	·19d.	·14d.

This estimate is exclusive of the salary of one school nurse designated an attendance officer.

The number of children in the elementary schools, arranged according to age grouping, was, in 1909:—

Ages ...	...	3—4	4—5	5—14	over 14	Totals.
Boys' Departments	...	...	...	5303	69	5372
Girls' "	...	...	...	4924	63	4987
Mixed "	...	17	60	1419	7	1503
Infants' "	..	309	1092	5108	...	6509
Totals	...	326	1152	16754	139	18371

The percentage of children under 5 years of age, 8·04; in the previous year, 8·79.

All schools have now been supplied with height standards; 23 schools have weighing machines.

The Annual Report has been written in accordance with the form prescribed in Circular No. 596 (1908) of the Board of Education. The lettering and numbers at the head of each section are those adopted in the schedule of the Board.

A full description of the routine adopted in medical inspection was given in the Annual Report for 1908, hence, except in special instances where there has been some change or where the Board require definite information, no detailed account has been given in this Report.

(a) HYGIENIC CONDITIONS IN THE SCHOOLS.

The hygienic conditions in the schools are, on the whole, good.

A complete report was made on all the Elementary Schools at the time when they were taken over from the old School Board.

At present the condition of St. John's School is being considered, and probably this school will be closed.

During the year, and at the present time, certain alterations recommended at Richmond and Sussex Street Schools are being carried out.

The attention of the Medical Sub-Committee has been called to danger of heating school rooms with flueless gas radiators; a concrete instance was provided by St. Bartholomew's Schools.

Cleansing of Schools.—Dustless Oils as a Floor Dressing.—Bacteriological experiments were carried out in four departments; a comparative estimate of the number of bacteria in the air of the class rooms in which the preparation was laid and class rooms in which it was not laid, was made.

One group of these experiments were made in class rooms under ordinary circumstances, *i.e.*, during an ordinary lesson, no one being allowed, however, to move from his seat; special bacteria plates were exposed for periods of 5 and 30 minutes in each class room; the plates were removed, incubated, and the number of bacteria falling upon the plate was estimated.

The second set of experiments were made in the rooms in which the air was set vigorously in motion by the stamping on the floor of the whole class for a few minutes. This had the effect of distributing in the air the dust which had previously settled upon the floor.

From the results of these experiments, which were corroborative in the four instances, we deduce the following conclusions:—

1. That the relative number of bacteria is approximately the same in the air of the class room whether the floor be treated or not, provided the scholars do not move about.
2. That the relative number of bacteria in the air of a room where drill is being carried on and where the floor has not been treated, is three times as high as in a room the floor of which has been treated.

Objection has been made to the use of these preparations on the following grounds:—

1. That they are unsightly and darken the room. [Regular brushing of the floor prevents to some extent both of these objections. The darkness depends on the nature and quality of the floor surface; with hard blocks it is practically negligible.]

2. That it is unhealthy and damp. [This is uncorroborated by any scientific evidence.]
3. That the skirts of teachers in rooms treated tend to become stained, through coming into contact with the floor. [The remedy for this is obvious.]

The advantages are as follows:—

1. Economy of labour in cleaning the room.
2. Prevention of the rising of dust once deposited; hence a healthier atmosphere for breathing.

(b) THE ARRANGEMENTS FOR THE CO-RELATION OF THE SCHOOL MEDICAL SERVICE WITH THE PUBLIC HEALTH SERVICE.

The arrangements made for the co-relation of the Public Health Service and School Medical Service are satisfactory. The present Medical Officer of Health, on appointment, was made Chief Medical Officer to the Education Committee, and was required to supervise all medical assistance needed to carry out medical inspection under the Education (Administrative Provisions) Act, 1907. These duties were practically synonymous with the duties of the School Medical Officer as defined in Circular 596, and the Medical Officer of Health is now recognised as such by the Board of Education. By having one person guiding both services all friction and duplication of work are avoided, and the experience and time of the Sanitary Staff is available for school work.

The time given by the staff of the Public Health Office is occupied (1) in the making of inquiries and in the taking of action to prevent the spread of the exanthemata, (2) in the inspection of school buildings, and (3) in the carrying out of the provisions of the Employment of Children Act, 1903, and the Children Act, 1908.

The great bulk of the work falls to the School Doctor, two School Nurses and a lady clerk; these devote their whole time to school work.

It will, in the near future, be necessary to increase the clerical staff; the work in regard to the compilation of accurate statistics is heavy, and should be carried out as far as possible immediately after the inspection of a school, instead of having to accumulate till the end of the year. The appointment of an additional clerk will also be of service in connection with the work of the Canteen Sub-Committee.

(b ii.) ASSISTANCE GIVEN.

Some assistance during inspections is given by Head Teachers; enquiries and investigations are also made by Attendance Officers.

The N.S.P.C.C. investigate cases reported to them by the School Doctor, and the C.O.S. have given a good deal of help in assisting cases requiring treatment and instruments.

A full description of the routine duties of the School Nurses and Clerk was given in the Annual Report for 1908, to which reference should be made for details.

The routine of Medical Inspection.—Notice of the approaching inspection is first sent to the head teacher of each department of the school. The teacher is asked to fill up part of the schedule card for each child to be examined. In each case entries were to be made under the following headings: Name of child, Date of birth, Age, School, Standard, Attendance, Cause of irregularity of attendance, Speech, Mental capacity, Teacher's remarks. Instructions were given as to the filling up of these entries in accordance with the terms of the Board of Education. In some schools the instructions were not strictly adhered to, with the result that the returns were, for statistical purposes, somewhat inaccurate.

A suitable date is fixed for inspection; the number of hours or days for the inspection was based on the approximate estimation of the number of children to be examined. For the examination of 50 children a full session of three hours in the morning was taken, while during the afternoon session of from two to two and a half hours, 30 to 40 children were examined on an average. Until the routine of the inspection was in working order, this number of children could not be examined, but with better organisation it was found that, on the average, from three to four minutes for each child was sufficient [c (vi.)]. The presence of parents, the dressing and undressing of young children, and the presence of defective conditions were the chief factors lengthening the period of inspection. The time taken for older children is, notwithstanding the additional examination of hearing and vision, slightly shorter than that required for infants. The greatest delay occurs in testing the vision of children of six and seven, many of whom can be persuaded to read the letters of a test type only with some difficulty.

The actual inspection is carried out as follows:—All children remove their boots, and the boys, in addition, take off their jackets and vests. They are then weighed and measured by the nurse; and after putting on their boots they are inspected according to the schedule card, the points requiring attention being noted by the clerk at the dictation of the School Doctor. They then dress, their visual power is examined by Snellen's test types at a distance of six meters. Each eye is examined separately, and then the visual power of both together is ascertained. A convex lens of + 1 is then placed before one eye, the other being covered, and the vision re-tested. This is done in all cases to ascertain if any hypermetropia exists. If the vision is defective, each eye is tested separately with + 1 and - 1 lenses, and any improvement with these is noted. Occasionally the test card for astigmatism is used for older children in cases in which it is suspected that such exists. The children then return to their class rooms; the average time they are away is from 15 to 30 minutes.

Hearing is tested by means of a watch, each ear being tested separately, and the distance at which the watch is audible is noted. Cases shewing considerable deafness are re-tested with the forced whisper test.

After the inspection, the parents of children found to be defective in any way are notified of the defect or disease, and advised to seek treatment from their usual medical attendant (form 5 M.I.).

If any condition requiring further examination has been found, the parents are requested to attend at the Public Health Office with their child. After such re-examination, advice is given as to the precautions to

be taken, and the necessity or otherwise of obtaining treatment. The re-examinations usually made are in cases of heart and lung diseases, diseases of the nervous system, and errors of refraction.

THE SCHEDULE OF INSPECTION.

b (i.) The schedule of the Board of Education has been closely followed, but in a few items there has been an alteration in detail.

The following are the chief points requiring explanatory notes.

The numbers referred to are those of the Board's schedule, Circular 582.

6. *Weight*.—In the case of boys, this has been taken with the coat and waistcoat removed, and without boots, not in "ordinary and indoor clothes" (Note 8, Circular 582). The weighing of girls was carried out with the boots only removed.
4. *Clothing and Footgear*.—Instead of noting the condition of these together, as in the Board's schedule, a separate record of each is made.
10. *Adenoids*.—A separate heading has not been provided, but where these are present a note has been made under the heading of Tonsils.
10. *Submaxillary and Cervical Glands*.—The headings of Anterior and Posterior glands have been substituted, enabling the local cause or causes of glandular enlargement to be immediately seen, *e.g.*, enlargement of posterior glands generally indicates scalp affections (pediculi or impetigo of scalp), that of the anterior glands being generally due to carious teeth, enlarged tonsils, or adenoids.

All other headings correspond to those of the Board's schedule, but the following additional points have been included:—

1. *Vaccination*.—The number of cicatrices and their area are noted.
2. *Action taken*.—A special space has been left for recording this. The number of re-examinations made is noted, the number of visits paid by the school nurse and the treatment obtained.
3. *Teachers' remarks*.—A space has been provided in order that the head teacher may draw attention to any special defect which has been noticed in a child.

The schedules are printed on cards, 7 in. by 4 in., and these are kept on the card index system at the Public Health Offices. Supplementary cards are used for recording exceptional cases; cards for the examination of canteen cases are also kept. A list of children, with the defect or disease from which they are suffering, is forwarded to the Head Teacher of each department after the inspection.

In the case of children transferred from one school to another, a notification to that effect is sent to the Education Offices, together with a

note as to the date of medical inspection of the child. The corresponding cards are then transferred to their proper places.

b (iii.) PRESENCE OF PARENT AT THE INSPECTION.

A card inviting the parent to be present is given to each child due for examination (Form 3, M.I.). Information is asked for in regard to the previous illness of the child; the card is then returned, and the entries copied on the schedule by the nurse.

As a consequence of this intimation, a small proportion of parents who object to the inspection keep their children away on the date mentioned. Very few send a note expressing a wish that the child shall not be examined. The proportion of these active and passive resisters varies considerably in different schools.

The percentage of actual refusals was 1.9 per cent. on the total examined. The number of children absent on the day of inspection (chiefly owing to illness) was 607, *i.e.*, 7.2 per cent.

Thus 91 per cent. of children receiving notices were examined.

In no case was a child examined if a note of protest had been sent. In some of those cases in which no evidence was forthcoming of an objection (except non-attendance at school on the date in question), the children were subsequently examined *without* further notice to the parent.

It is, however, certain that some children who most require medical attention, especially those habitually neglected, are kept away from the inspection. These cases generally, sooner or later, come to the notice of the School Doctor, especially at the skin clinique.

Another result of the notification to the parents is that the child is more or less cleansed, thereby defeating to some extent the object of inspection, as this cleansing is only of a temporary character. Certain stigmata, however, render the detection of such cases easy; and corroborative evidence is generally obtainable from the teacher.

The chief advantages derivable from the attendance of the parent are:

1. The obtaining of the personal history of the child and its previous illnesses—an important point in some conditions;
2. The giving of advice to the parent regarding disease or defect;
3. The removal of that suspicion with which certain people regard any new procedure;
4. The help given in dressing and undressing children in Infants' Departments.

Altogether 3,194 parents or guardians attended out of 8,353 invited.

The parents attending the inspection averaged 38 per cent.

The attendance of parents was always highest in the infants' departments (51 per cent.), next in the girls' (32 per cent.), while it was generally small in the boys' departments (20 per cent.).

The co-operation of parents in the subsequent treatment was always asked for. Notification of the defect or disease, personal interviews, advice as to the necessity and means of obtaining treatment, periodical visits paid

to the homes by the school nurse were the chief means employed to this end. The results of these efforts are discussed later under the heading of treatment.

b (iv.) DISTURBANCE OF SCHOOL ARRANGEMENTS.

A certain amount of time is taken in the filling up of schedules and arrangement of the children to be examined. If this clerical work be distributed among the assistant teachers, comparatively little time is occupied in the filling in of the details. More especially is this the case if ample notice be given of the date of inspection.

In all cases, after the explanation of our requirements, the Head Teacher was asked to mention the most convenient dates for inspection.

In 10 out of 32 schools the hall was used for inspection purposes, or a class was accommodated in the hall and the vacated class-room used. In two schools only was there a spare class-room constantly out of use. In two other departments the inspection was carried out in a large and well lighted corridor. In three departments the head teacher's room was used for this purpose. As a rule, these rooms are too small for testing vision in, and in the cases in which these rooms were used, it was at the express wish of the teacher. In all other departments it was necessary to use a cleared class-room. The dispossessed scholars were taken to another class-room, to another centre, to the playground, or to organised games.

The time spent in the inspection of a school varies naturally with the number of children to be examined. In the smaller schools, one morning or afternoon session was found to be sufficient, while in the larger schools, the inspection was spread over a period of three or four days. In the latter schools, the inspection of the boys' or girls' departments was always completed in three sessions, while in the infants' department, owing to the large number there examined, four to six sessions were sometimes required. It may be taken as a general rule that during the year two routine inspections will be held in all the larger schools; this means some disturbance of the school routine on two to four days for each department during the year. The disturbance is for a short period and for a known time at the most convenient date.

It has been found possible in Brighton to make such arrangements in the schools that no urgent need for the provision of an inspection centre has arisen.

c. GENERAL STATEMENT OF THE EXTENT AND SCOPE OF MEDICAL INSPECTION DURING 1909.

c (i.) VISITS TO SCHOOLS AND DEPARTMENTS.

Inspection has been carried out in all the departments of the 32 schools.

For the purpose of the routine inspection 187 visits have been made to the various departments. In 1908, 115 visits were made. The infants' departments require considerably more visits than the boys' and girls' departments, owing to the larger number of children to be inspected.

In the examination of children for free meals, 197 visits were made to schools.

In the course of special enquiries at schools, 78 visits were made.

The total number of visits made to the 32 schools was 462, as compared with 274 in 1908.

A weekly visit is also made to the Special school for the purpose of attending the school clinic.

c (ii.) THE SELECTION OF CHILDREN FOR INSPECTION.

The following is the grouping of children inspected during 1909 :—

1. New entrants since the 1908 inspection (s. 13, Education Act, 1907).
2. Children born in 1896, *i.e.*, in their 13th or 14th years ; no child leaves school at an earlier age in Brighton (s. 12, Circular 576).
3. Children born in 1902, *i.e.*, in their 7th or 8th years.
4. Children selected as defective by the teaching staff.

A Special Circular was issued to all Head Teachers asking them to bring forward for special examination, at the time of the inspection, all children who were very backward or mentally defective. The result of this enquiry was embodied in a special report to the Medical Inspection Sub-Committee ; the detailed particulars are mentioned subsequently.

It will be noticed that a new group of children has been selected for inspection. The age at which the inspection takes place, *viz.*, 7, is an important one in the life of children attending elementary schools. It is the “ transition ” age ; the child has just left, or is about to leave, the infant department and face the sterner possibilities and responsibilities of the boys’ or girls’ department. It is essential, therefore, that at such a period the child should be physically fit for the new duties ; if defective, the defect should be remedied before passing into the higher school. It is somewhat unfortunate, however, that mothers also look upon the age of 7 as a crucial period and expect Nature, unaided, to accomplish miracles ; it is, in some cases, confidently expected that once the child has reached this age there will be a tendency to grow out of “ adenoids ” or “ defective vision ” ; any attempt by the school doctor to point out the fallacy of such a belief is unfortunately often doomed to failure.

At the age of 7 also, it is quite easy to recognise mental deficiency (at a younger age this is occasionally somewhat difficult unless the child belongs to a class well defined clinically).

The selection of children born in definite years, *e.g.*, 1896 and 1902, facilitates the clerical work in connection with the grouping of cases. Such a selection brings children of two separate age periods into each group, *e.g.*, children born in 1896 are either 12 or 13 when examined in 1909. If selection be made by the year of age it may well happen, even with good organisation, that certain children are inadvertently missed out of the examination ; in any case the work of selection is much increased ; whereas the procedure of selection, according to year of birth, is very simple. From the physical point of view, it makes little difference whether a child be examined at 12 or 13 years of age, and if inspection be carried out regularly throughout the year, statistics at these ages are not vitiated.

In connection with group 4, selected by teachers themselves, a considerable advance has been made, not only in regard to the number, but also in the efficiency and judgment of selection.

c (iii.) THE NUMBER OF CHILDREN INSPECTED.

The following table shews the number of children inspected in 1909, classified according to age and sex.

<i>Age.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
3	146	128	274
4	441	367	808
5	440	436	876
6	368	376	744
7	1085	1102	2187
8	194	190	384
9	158	190	348
10	170	172	342
11	130	139	269
12	224	201	425
13	842	809	1651
14	10	11	21
15	1	—	1
<i>Totals</i>	4209	4121	8330

From this table it will be seen that the 7-year-old group contained the largest proportion of children for any single year. The variable age at entry causes the number of examinations made at 3, 4 and 5 years of age to be fewer.

The children examined in intermediate years are chiefly those selected for special reasons (*e.g.*, defects) or are those entering the schools after having completed part of their education in other districts. It is essential that this be borne in mind in estimating the value of any statistics subsequently given; the statistics relating to years 3, 4, 5, 7, and 13 give results for the average child, but at other age periods they may, in view of special selection for defects, be inaccurate.

Apart from the routine inspection, cases are specially examined or re-examined at the Public Health Office; a large number are also examined for the Canteen Sub-Committee. The number of children so examined is given under subsequent headings.

c (iv.) CHILDREN REFERRED FOR SUBSEQUENT OR FURTHER EXAMINATION.

At the routine inspection certain children are thus referred for a more detailed examination. The chief defects necessitating this are diseases of the heart and lungs, of the nervous system, deformities and eye defects. These children, if necessary, are periodically re-examined.

96 children were referred for subsequent examination, *i.e.*, 1.1 per cent. of the total inspected (8,354).

The total number of re-examinations made in 1909 was 315.

Special examinations of children referred by head teachers, attendance officers or school nurses are also made. 261 children were thus examined.

c (v.) STATEMENT OF THE CHIEF DEFECTS REVEALED BY INSPECTION.

A summary is given in the following table of the defective conditions in which *advice or treatment* was necessary.

The table is based upon statistics derived from 8,353 children.

<i>Defect or Disease.</i>	<i>No. of Children.</i>	<i>Percentage of Total Examined.</i>
Defective vision or squint ...	534	6.3
Eye diseases ...	44	.5
Enlarged tonsils and adenoids	91	1.1
Enlarged tonsils ...	69	.8
Adenoids ...	421	5.0
Deafness or Otorrhea ...	287	3.4
Mouth breathers ...	1,356	16.2
Defective teeth (needing immediate treatment) ...	239	2.8
Skin diseases (including blepharitis) ...	303	3.6
Tubercular diseases ...	54	.6
Lung disease ...	135	1.6
Heart disease ...	47	.5
Diseases of nervous system ...	126	1.5
Deformities ...	148	1.7
Mental deficiency (including special school children)	91	1.1
Verminous condition (bad) ...	174	2.1
Other conditions ...	113	1.3
Total defects ...	4,232	50.8

The total number of physical defects, excluding mental defection and verminous children, found in 8,353 children was 3,967, *i.e.*, 47 per cent. Excluding the largest group, viz., mouth-breathers, the percentage is 31 per cent. (2,617 defects).

It should be clearly understood that several defects may be present in one child, *e.g.*, a child may have adenoids and deafness with defective vision. The number of defective children has, therefore, been calculated and found to be 3,253 or 39 per cent.; exclusive of mouth-breathers it is 2,189 or 26 per cent.

From these figures it will be seen that approximately 40 per cent. of the children in the Elementary Schools require advice or treatment.

This is a large percentage and unsupported by further analysis might convey a false impression. It will be noticed that the figure drops to 26 per cent. if one excludes simple mouth-breathers, curable by exercises.

The following table has, therefore, been drawn up to show the proportions of defective children requiring definite medical treatment, physical exercises, or advice:—

The results are tabulated for sex, and according to the department of the School.

DEPARTMENT.	Total examined.	Advice.		Exercises.		Medical Treatment.	
		No.	%	No.	%	No.	%
Boys	1885	85	4·5	303	16·0	400	21·2
Girls	1807	107	5·9	213	11·7	385	21·3
Infants { Boys ...	2070	142	6·8	335	16·1	353	17·0
	1958	160	8·1	225	11·4	313	16·0
Mixed { Boys ...	271	17	6·2	34	12·5	50	18·4
	362	16	4·4	39	10·7	77	21·2
Totals { Boys ...	4266	244	5·7	671	15·8	803	19·0
	4127	283	6·8	477	11·5	775	18·7
Grand Totals ...	8353	527	6·3	1148	13·7	1578	18·9

This table shews several interesting facts :—

1. Boys shew more defects than girls, 40·5 per cent. of boys compared with 37 per cent. of girls.
2. This increase of defects among boys is chiefly in the group requiring exercises, *i.e.*, in mouth-breathers, and this feature is evident in both boys' and infants' departments, *i.e.*, mouth-breathing is much commoner among boys, and they do not readily overcome the habit.
3. Defects which require advice or exercises are proportionately more numerous in the infants' departments, while more serious defects necessitating medical treatment are proportionately and actually more numerous in the boys' and girls' departments. There is, thus, a tendency towards an increase of defects or deterioration as the child passes into the higher portion of the school.

This deterioration is probahly most marked in the increase of visual defects and adenoids. That this is so will be shown in later tables.

Increased selection of defective children in the higher departments may be responsible for some of this apparent increase of deterioration.

4. Of the 40 per cent. of defective children taken as a whole, 21 per cent. can be treated by advice or exercises, while 19 per cent. should have medical treatment.
5. Medical treatment (as contrasted with advice and exercises) is necessary for boys and girls in equal proportions.

The results given above, as contrasted with those of 1908, show some increase of the number of defects, *e.g.* :—

Year.			Per cent. defects.	Excluding mouth- breathers.	Per cent. defective children.	Excluding. mouth- breathers.
1908	...	...	39	28	36	26
1909	...	...	47	31	39	26

The increase is seen to be in the number of mouth-breathers. This is due to a more rigorous examination and selection of defective cases.

The actual number of defective children, excluding simple mouth-breathers, is seen to be identical.

c (vi.) THE TIME OCCUPIED FOR INSPECTION.

The average time per head for inspection has been given in a preceding paragraph as from 3-5 minutes. This is the time actually occupied in inspection, as apart from such time as is taken for dressing, &c. The weighing and measuring takes from $\frac{1}{2}$ -1 minute, the medical inspection from 2-3 minutes, and the testing of vision up to 5 minutes.

This allowance means that about 80-90 children can be inspected daily, if the organisation is good.

The factors on which this depends have already been discussed.

The actual time occupied by medical inspection may seem very short, but it is to be noted that many of the entries on the schedule card can be made from simple and accurate observation alone, and if these entries are made by a clerk, the time necessary for recording them is very short. Again, accurate observation eliminates many of the defects or diseases to which children are liable, before any physical examination is made to confirm this, and as soon as the eye has been trained to observe in a routine manner such details as are necessary, still further economy of time results.

d. GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Mental Capacity.—The entries under this heading were filled up by Head Teachers, who are, generally speaking, better able to form a correct judgment than the Medical Inspector, unless a considerable amount of time be spent by the latter. Cases in which there is any doubt are investigated by the School Doctor.

The following table shews the number and percentage of children inspected in 1909, mental capacity being classified as suggested by the Board. It is based on statistics from 6,308 children between the ages of 6 and 14, and includes the statistics from the special school with 47 mentally defective children :—

<i>Mental Capacity.</i>	<i>Boys.</i>		<i>Girls.</i>		<i>Total</i>
	<i>No. of</i>	<i>Per-</i>	<i>No. of</i>	<i>Per-</i>	
	<i>Children.</i>	<i>centage.</i>	<i>Children.</i>	<i>centage.</i>	<i>percentage.</i>
Bright	1359	43·4	1535	48·4	45·8
Fair	1235	39·4	1178	37·0	38·2
Dull	331	10·5	287	9·0	9·8
Backward	150	4·7	141	4·4	4·6
Mentally Deficient	57	1·8	35	1·1	1·4
Imbecile	0	0·0	0	0·0	0·0
Totals	3132		3176		

From this table it will be seen that 80-85 per cent. of the children are of normal intelligence, and about 15 per cent. are considerably below the average. Girls are found on the whole to be rather more intelligent than boys. The percentage of mentally deficient children is rather misleading, 1.4 per cent. falling into this group, *i.e.* 3 children in every 200. The teachers were asked to bring out all children suspected of mental deficiency, hence it would be more correct to assume that the 92 children represent moderately correctly the whole number of mental defectives in the school population of 16,000 in average attendance. This lowers the percentage to about .6 per cent.

The actual number of mentally defective children (excluding 47 in the special school) was found on medical inspection to be 44, *i.e.*, in the ordinary elementary schools .3 per cent. of the children in average attendance were mentally defective, or 1 in every 350.

Reference has already been made to a special investigation carried out in 1909 as to the mentally defective and very backward children, and the report submitted to the Medical Inspection Sub-Committee is given in full later, under Section (*h*) page 116.

Speech.—The entries under this heading are also filled in by head teachers.

The following table gives the results obtained from the records of 6,308 children between the ages of 6 and 14.

	<i>Boys.</i>		<i>Girls.</i>	
	No. defective.	Per cent.	No. defective.	Per cent.
Stammering ...	35	1.1	10	.3
Other defects ...	95	3.0	56	1.8
<hr/>			<hr/>	
<i>Total examined</i>	3132	...	3176	
<hr/>			<hr/>	

It will be seen that speech defects are commoner among boys, especially that of stammering. Considering the disabilities with which a stammerer has to contend in his school work or general life, the formation of classes for such children is worthy of consideration. A course of three months' tuition would suffice to cure the majority.

One deaf and dumb child was found and is now in an institution. One or two cases of idioglossia were met with.

Advice was given in regard to the treatment of other cases, especially in regard to respiratory exercises and the management of voice production.

Anthropometric Measurements.—The measurements taken are those of height and weight.

The following table shews the average height and weight of 8,332 children, classified according to age and sex:—

Age.	No. Examined.	Total Weight. kils.	<i>Boys.</i> Average Weight.		Total Height. cm.	Average Height.	
			kils.	lbs.		cm.	ins.
3- 4	147	2096·2	14·2	31·3	12662·1	86·1	33·9
4- 5	435	6835·5	15·7	34·6	42784·4	98·3	38·7
5- 6	438	7405·4	16·9	37·2	44823·5	102·3	40·3
6- 7	369	6954·3	18·8	41·4	40749·4	110·4	43·5
7- 8	1087	21922·4	20·1	44·3	124190·0	114·5	45·0
8- 9	197	4330·2	21·9	48·3	23593·0	119·7	47·1
9-10	160	3884·9	24·2	53·3	19856·8	124·1	48·8
10-11	170	4524·9	26·0	57·3	22070·4	129·8	51·1
11-12	134	3850·5	28·7	63·3	17890·0	133·5	52·5
12-13	223	7117·9	31·9	68·1	30486·5	136·7	53·8
13-14	843	28729·5	34·0	75·0	120844·6	143·3	56·4
14-15	10	366·3	36·6	80·6	1466·5	146·6	57·7

Total ... 4213

Age.	No. Examined.	Total Weight. kils.	Girls. Average Weight.		Total Height. cm.	Average Height.	
			kils.	lbs.		cm.	ins.
3- 4	128	1760·1	13·7	30·2	11500·9	89·8	35·3
4- 5	365	5680·9	15·5	34·2	35323·0	96·5	38·0
5- 6	439	7413·4	16·8	37	45290·7	103·1	40·6
6- 7	384	7093·1	18·4	40·6	41920·0	109·1	43·0
7- 8	1093	21999·7	20·1	44·3	124512·5	113·9	44·8
8- 9	188	4161·2	22·1	48·7	22553·8	119·9	47·2
9-10	190	4666·5	24·5	54	23619·5	124·3	48·9
10-11	173	4690·5	27·1	59·7	22459·5	129·8	51·1
11-12	140	4164·2	29·7	65·5	18933·4	135·2	53·2
12-13	201	6707·7	33·3	73·4	28377·2	141·1	55·6
13-14	808	29492·3	36·5	80·4	117710·1	145·6	57·3
14-15	10	399·8	39·9	88	1468·5	146·8	57·8

Total ... 4119

These totals shew slight variations from those of last year (1908), but there is not in any one year any marked deviation.

The systematic feeding of those children needing meals, which has been regularly carried out since 1898, must help to raise the standard of physique among the poorer children. Naturally, differences in measurements exist within the different schools of the Borough. Where the environment of a school is poor, the children of the poorer classes form the larger number of those attending that school, and *vice versa*. As the small numbers obtained from measurement in individual schools do not make for statistical accuracy, the records from six of the poorer schools (group B) have been collected and compared with those from five of the better class schools (group A), the numbers on which the statistics are

based being about equal in both groups. These records are only given for school-ages at most of which a considerable number of children were examined. The following table shows this comparison :—

Age.	Boys.				Girls.			
	Group A.		Group B.		Group A.		Group B.	
	Weight. k.	Height. cm.	Weight. k.	Height. cm.	Weight. k.	Height. cm.	Weight. k.	Height. cm.
3	15·3	99·4	14·1	91·3	15·1	93·9	13·6	88·8
4	16·1	101·1	14·9	96·0	16·0	98·5	15·0	95·6
5	17·5	105·6	16·5	102·0	17·4	105·4	16·4	100·6
6	19·4	112·4	17·9	107·7	18·9	110·5	18·1	107·8
7	20·8	116·8	19·7	112·2	20·5	116·1	19·9	112·6
8	22·5	121·5	21·3	117·6	23·4	126·0	21·3	116·7
9	24·4	125·2	23·7	121·6	24·4	126·4	24·1	122·6
10	27·8	133·9	25·7	127·2	28·8	132·3	25·9	127·1
11	29·1	134·4	27·9	131·6	30·0	136·8	27·5	130·5
12	33·3	142·2	31·4	137·4	35·1	144·9	33·1	138·3
13	34·7	144·7	33·2	141·3	37·2	147·0	35·8	143·9

It will be seen that children from poorer districts are in all instances less heavy and smaller in height than children from better class districts. The difference is from 1–2 or more kilograms in weight ($2\frac{1}{4}$ – $4\frac{1}{2}$ lbs.) and about 5 cm. in height (2 inches). At several age groups these figures are exceeded; girls at 10 in group A exceed those of the same age in group B by nearly 3 kilograms, or $6\frac{1}{2}$ lbs.; at 8 they are 9 cm. higher, or $3\frac{1}{2}$ inches in excess.

As a means of estimating “nutrition” apart from “physique,” the relation of weight to height has been employed. In order to do this a table must be constructed shewing the average weight at a definite series of height measurements. This has been done for 13,400 Brighton children. The measurements are taken from the records of 1908 and 1909 collectively. The next table shews these measurements at certain heights—the complete table being too long for publication. Such a table is of great assistance in determining if a child is poorly nourished; and this provides a quick method of distinguishing whether or not it requires free meals. A child which is not up to the proper weight for a certain height is more in need of feeding than is a child below *both* weight and height standard for its age, but with an average height-weight ratio; the latter child is well nourished, and its deficiency in general physique is often due to other causes than improper or insufficient food.

<i>Girls.</i>					<i>Boys.</i>			
<i>Height in cm.</i>	<i>No. examined.</i>	<i>Weight in kilo.</i>			<i>No. examined.</i>	<i>Weight in kilo.</i>		
		<i>(average)</i>				<i>(average)</i>		
85	...	94	...	12·5	...	81	...	13·2
90	...	297	...	14·1	...	302	...	13·9
95	..	563	...	15·0	...	548	...	14·9
100	...	773	...	16·0	...	821	...	16·0
105	...	940	...	17·3	...	974	...	17·3
110	...	1078	...	18·9	...	1093	..	18·7
115	...	991	...	20·6	...	942	...	20·4
120	...	690	...	22·3	...	759	...	22·2
125	...	481	...	24·3	...	551	...	24·2
130	...	478	...	26·9	...	575	...	26·8
135	...	630	...	29·6	...	698	...	29·4
*140	...	690	...	32·8	...	841	...	31·8
145	...	691	...	35·8	...	733	...	34·4
150	...	517	...	38·9	...	477	...	37·5
155	...	320	...	42·3	...	223	...	40·7
160	...	115	...	45·5	...	74	...	44·8
165	...	21	...	48·9	...	37	...	47·3

*At this point the influence of puberty on the weight of the girl begins to be prominent, the increase in weight continues to the end of the table.

Each height number and the corresponding weight represents the average of the five numbers of which it is the centre, *e.g.*, the totals for 100 are those of 98, 99, 100, 101, 102 cm.

CLEANLINESS, &C.

(4) *Clothing*.—The condition of the clothing is an index primarily of the social status, and secondarily of the economic conditions under which the child is living. It is of interest from the medical point of view inasmuch as neglect of cleanliness, &c., goes hand in hand with neglect of the body.

The following table shews the results of examination in regard to clothing and footgear of 4,209 boys and 4,121 girls.

				<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
				<i>Per cent.</i>	<i>Per cent.</i>	<i>Per cent.</i>
Clothing—	Good	...	...	62·5	71·5	67
	Moderate	...	...	33·	27·	30
	Bad	...	...	4·5	1·5	3
Footgear—	Good	...	...	68	76	71
	Moderate	...	...	27	21	25
	Bad	...	...	5	3	4

From this it will be seen that girls are better clothed and have better footgear than boys. In view of the rougher usage to which the latter subject their boots, &c., this is to be expected.

There are at present several voluntary agencies by which children with inadequate clothing and footgear are provided with a suitable outfit. The Education Committee controls the "Tindal Robertson Boot Fund" for the provision of boots for poor children, while the Fund originated by the Brighton Police for providing complete outfits of clothing and footgear is in every way a great help to parents of the poorer classes. From the latter Fund, 851 children have been thus equipped during this present

season; the scheme however extends further than this, since deserving children on leaving school are given suitable outfits for the position which they intend to take up. This is of especial value with regard to girls, many of whom cannot go out to service because of the ragged condition of their clothes.

The Children's New Year Boot Fund, controlled by Mr. John Carden and a Committee, provides a great number of children with boots; it is a voluntary association. A certain number of children are provided with clothing by the Salvation Army Officers and certain charitable associations.

(8). *Body*.—The following table shews the results of examination of 4,209 boys and 4,121 girls (8,330 children).

<i>State of body.</i>	<i>Boys per cent.</i>	<i>Girls per cent.</i>	<i>Total.</i>
Clean ...	68·0	66·9	67·5
Slightly bitten	27·2	29·0	28·0
Badly bitten ...	3·4	3·0	3·2
Body lice ...	·5	·4	·5
Very dirty ...	·9	·7	·8

(8) *Hair*.—The conditions of the hair was investigated in all cases. The results of this examination have been classified under various headings, and are shewn in the next table.

The comparative table for 1908 has been given also; this year a slightly higher standard was adopted, so that the results are not quite comparable.

	<i>Boys.</i>		<i>Girls.</i>	
	<i>Per cent.</i>		<i>Per cent.</i>	
	1909.	1908.	1909.	1908.
Clean (free from nits) ...	90·6	82·6	53·5	48·6
Nits: Moderate ...	9·0	17·0	42·4	50·0
Nits: Excessive or lice ...	·4	·2	4·1	1·4
Seborrhea ...	4·5	2·0	3·3	1·0
Ringworm ...	1·7	1·2	1·1	·3
Impetigo ...	·1	·1	·2	·3

It will be seen that, although a stricter standard has been adopted, the total percentage of verminous heads had fallen eight for boys and five for girls approximately. The percentage fall for boys is much greater than that for girls.

The number of cases of ringworm has risen owing to special examination having been made for this complaint.

The following table, prepared from the School Nurse's fortnightly reports, gives some idea of the amount of work which these conditions entail. The figures refer to the number of *examinations* made, and not to the number of cases, which were, of course, much less.

		<i>No. of Examinations.</i>	
		1909.	1908.
Verminous condition of			
head and body ...		13,734	10,829
Ringworm ...		942	218
Scabies ...		89	36
Eczema and Impetigo ...		417	610
Other conditions ...		—	2,049
		15,1 2	13,742

The number of visits to School Departments for these purposes was 1,236, and the number of visits to homes 674. During the routine inspection by the School Doctor, 174 badly verminous cases, *i.e.*, 2 per cent. of the total inspected were found—Boys 16, Girls 53, Infants 105. The homes of several families in which the condition is continually recurring were reported to the Sanitary Authority and were inspected. Until this problem can be adequately dealt with in the home itself, the employment of the School Nurse can be but a palliative measure. No cases have yet arisen in which it has been necessary to bring into action the "Cleansing" clauses of the Children Act, 1908.

The scheme followed is that of 1908, *viz.*, warning notices and exclusion, followed by prosecution, if necessary, for non-attendance. Much more attention is now being given to this problem by teachers in the girls' and infants' departments; and it is to be hoped that by unremitting attention and judicious "talks" to the older girls that the extent of the problem will be materially lessened in the near future.

Probably pediculosis is spread, far more than is at present realised, by transference in the cloak room. In one or two special instances investigated during 1909, this was almost certainly the real method of infection. Inadequate cloak room accommodation, and the malposition of hat pegs are responsible for this; overlapping hats allow a ready passage of living pediculi from one hat to another. The large size of the straw hats worn by school girls leads to the actual touching of hats on adjacent pegs, even where these are separated by 12 inches, as recommended in the regulations of the Board of Education.

One may note with interest that in some of the poorer quarters many children come to school in the summer months without hats or caps, this is a custom which may certainly be approved, and should be encouraged in all schools.

(7) *Nutrition*.—The following table shews the statistics relating to the nutrition of the children examined (8,330).

State of Nutrition.	Boys per cent.	Girls per cent.	Total per cent.
<i>Good</i> ...	78	83	80
<i>Moderate</i> ...	18	15	17
<i>Bad</i> ...	4	2	3

(10) *Defects and Diseases of the Nose and Throat*.—Mouth Breathers.—In the examination of 8,330 children this condition was met with in 1,851, *i.e.*, 22 per cent., *i.e.*, about one child in every five is wholly or partially a mouth-breather. From the next table, shewing incidence according to age and sex, it will be seen that this condition is more common among males than females and that it diminishes in the later years of school life, probably owing to the better control of older children over the habit and to the treatment of adenoid cases in the earlier years. The irregular and rather high incidence in intervening years is due to the selection by teachers of children to be examined for adenoids and nasal obstruction.

The numbers and percentages given are inclusive of adenoid cases.

Age.	<i>Boys.</i>			<i>Girls.</i>	
	Number examined.	Per cent. mouth-breathers, including adenoid cases.		Number examined.	Per cent. mouth-breathers, including adenoid cases.
3	146	15.7	...	128	11.0
4	441	26.7	...	367	16.6
5	440	28.4	...	436	18.5
6	368	24.4	...	376	18.3
7	1085	27.7	...	1102	23.9
8	194	28.3	...	190	29.0
9	158	31.6	...	190	21.5
10	170	28.8	...	172	19.1
11	130	30.0	...	139	25.9
12	224	22.3	...	201	14.4
13	842	14.7	...	809	12.7
14	10	—	...	11	—
Total...	4209	25.4	...	4121	19.0

Adenoids, with or without enlarged tonsils, were responsible for 28 per cent. of mouth-breathers among boys, and 33 per cent. among girls, or 30 per cent. for all children examined. The remaining 70 per cent. of cases were due to temporary colds or very much more frequently to the formation of a "habit," often associated with the neglect of the handkerchief.

The attention of teachers was in 1908 drawn to this condition and its associations, and it was recommended that instruction in breathing exercises should be frequently and systematically carried out. This is now being done in most of the elementary schools. In this drill two points are essentially of importance—the use of the handkerchief before drill, and the thorough ventilation of the room during drill. It has also been noticed that during drill too great an exertion is made, often accompanied by overaction of the facial muscles, resulting in grimacing; this is quite unnecessary and is indeed harmful, since the child subsequently associates this drill with the idea of hard work and consequently is not inclined to follow it up at home.

A special circular is now issued to the parents of all mouth breathers, especially to post-adenoid cases, drawing attention to the necessity of such exercises at home, and for the home control of the condition. The circular is given in full below.

FORM 8 M.I.

Education Committee for the County Borough of Brighton.

Mouth Breathers.

DEAR SIR (or MADAM),

Your child has developed the bad habit of breathing through the mouth instead of through the nose. As this

habit is directly responsible for a great deal of throat and chest trouble, and is associated with an increased liability to scarlet fever and diphtheria, you are strongly advised to adopt the following measures, which if *regularly* carried out will cure this condition. In cases in which mouth breathing is caused by adenoids (growths at the back of the nose) and enlarged tonsils, the same exercises should be carried out for six months at least after operation. By these means a return of these growths is prevented. The nose *warms* and *filters* the air which is breathed in.

The Exercises.

- 1.—These should be performed for 10 minutes every morning immediately on rising from bed, and for 10 minutes every evening before going to bed.
- 2.—While the exercises are being done the windows of the bedroom should be open, and there should be as little clothing on the chest as convenient. The nose should be properly cleared.
- 3.—The child should stand in the position of “attention,” with the lips tightly closed (the teeth not clenched however).
- 4.—The child should then breathe in *slowly and deeply*, so as to fully expand the chest. The chest is then emptied by breathing out quietly and steadily. This should be done at least 100 times morning and evening.
- 5.—After the child has absolutely mastered the above exercise, the same movements with simple movements of the arms may be carried out. During the day the child should be constantly corrected until the habit is checked.

I am,

Yours faithfully,

J. LAMBERT, M.D.,

School Doctor.

Nasal Obstruction.—Partial obstruction was found in 636 boys, *i.e.*, 15·1 per cent., and in 506 girls, *i.e.*, 12·2 per cent.

Complete obstruction was present in ·1 per cent. of girls and boys. The causes of obstruction are given approximately:—

Adenoids	...	...	...	48 per cent.
Nasal Catarrh	...	...	...	46 „
Deviation of Septum	...	...	...	6 „

Deviation of the septum nasi was found in 73 children, *i.e.*, ·9 per cent.; it was traumatic in origin in ·15 per cent. of cases.

Nasal or nasopharyngeal catarrh was present in about 5 per cent. of cases.

Adenoids and Enlarged Tonsils.—8,330 children examined; the following were found to have adenoids or enlarged tonsils or both:—

		<i>Adenoids with much</i>			
		<i>Adenoids.</i>	<i>Enlarged Tonsils.</i>	<i>Enlarged Tonsils.</i>	
Boys	...	243	...	57	121
Girls	...	200	...	59	130
Total	...	443	...	116	251
Per cent.		5.3	...	1.4	3.0

This table may be re-arranged as follows:—

<i>Boys.</i>			<i>Girls.</i>		
	No.	Per cent.		No.	Per cent.
Adenoids	300	7.1	...	259	6.2
Enlarged tonsils	178	4.2	...	189	4.5

The following table shews the age and sex incidence:—

<i>Boys.</i>					<i>Girls.</i>				
		<i>Tonsils per cent.</i>					<i>Tonsils per cent.</i>		
Age.	No. examined.	Adenoids per cent.	Slight enlarge-ment.	Much enlarge-ment.	No. examined.	Adenoids per cent.	Slight enlarge-ment.	Much enlarge-ment.	
3	146	4.8	26	4.1	...	121	2.3	20	—
4	441	8.6	23	4.3	...	367	6.0	22	4.6
5	440	9.3	24	5.0	...	436	5.5	24	3.6
6	368	8.4	21	1.6	...	376	7.4	26	3.2
7	1085	8.2	22	4.8	...	1102	7.2	22	4.6
8	194	8.7	22	4.6	...	190	12.1	22	4.7
9	158	10.1	19	5.0	...	190	7.9	22	6.8
10	170	10.0	25	3.5	...	172	5.8	18	5.8
11	130	9.2	26	2.3	...	139	7.9	23	5.7
12	224	6.2	15	4.4	...	201	4.4	26	3.4
13	842	2.1	17	4.4	...	809	4.2	21	5.5
14	10	—	—	—	...	11	—	—	—
Totals	4209	7.1		4.2	4121	6.2		4.4	

With the exception of one or two age periods, the percentage incidence remains much the same for all ages in each sex. The higher incidence at years between 8 and 12 is probably due to selection by teachers. There is a big drop in incidence at age 13 in boys; it is possible that many of these have already been operated upon for adenoids.

Remarks on Treatment.—Operative treatment was necessary in most of these cases. The cases may be grouped as follows:—

	<i>Operation necessary.</i>	<i>Advice, Exercises, &c.</i>
Adenoids, Enlarged Tonsils, or both	503	297

The number of cases in which operation has been performed (up to March, 1910) is 243, *i.e.*, 48 per cent. of those requiring operation. This subject is mentioned further in Section (F), p. 110.

Other conditions.—A few rarer defects or diseases of the nose and throat were met with (9).

Goitre was found in 5 boys and 14 girls: in 3 boys and 10 girls it was at the age of 13, and probably was the simple parenchymatous enlargement associated with puberty. In no case was the enlargement excessive.

Glands.—In the anterior group are included the submaxillary, superficial and deep cervical and tonsillar glands; in the posterior group the suboccipital and posterior cervical.

		Boys, per cent.	Girls, per cent.
Anterior group	Slight enlargement ...	76	74
	Marked enlargement ...	·9	·9
	Tuberculosis ...	·2	
Posterior group	Hard and palpable ...	53	56
	Enlarged ...	·1	·4

The anterior gland enlargement is due chiefly to dental caries and tonsillar enlargement; the posterior to pediculosis.

Tuberculosis of the anterior gland was found in 15 children. Scars of tubercular glands were met with in 17 boys and 12 girls, *i.e.*, ·3 per cent. of cases.

(9) TEETH.

The enumeration of carious teeth requires instrumental investigation, and if carefully done, almost doubles the length of time for inspection; hence, in the inspection during 1909, a classification (slightly modified) issued by the Dental Association has been adopted. Three groups of conditions are specified:—

- X. Teeth good or fair; no marked loss of masticating power; caries not more than 6 teeth.
- Y. Considerable loss of masticating power; all molars carious; generally other teeth also shew caries.
- Z. Teeth very carious; suppuration; and sinuses.

The following table shews the percentages in these groups at all ages:—

X.	83 per cent.	} 17 per cent.
Y.	16·3 per cent.	
Z.	·7 per cent.	

i.e., the teeth in 83 per cent. are in fair or good condition; in 17 per cent. they are bad.

In 12 cases (·1 per cent.) there was periostitis associated with carious teeth; in 15 (·2 per cent.) a sinus was present.

(13) EAR DISEASE.

Otorrhœa was present, at the time of inspection, in 149 out of 8,330 children, *i.e.*, 1·8 per cent.

Deafness was due to impaction of wax in 32 cases, *i.e.*, ·4 per cent.

(14) HEARING

was tested with a watch for each ear separately; the watch was easily audible to a normal ear at 36 inches.

The following table shows the results of these tests for children between 6 and 14 years of age (6,372).

Very deaf	...	1.2	(watch inaudible at 6 inches from each ear.				
Deaf	...	4.7	„	„	12	„	„
Slightly deaf	...	19.0	„	„	18	„	„

The common causes of deafness were:—

1. Cerumen.
2. Perforation of the tympanic membrane, with or without otorrhœa.
3. Adenoids, or throat deafness.

Of these, the last (in the absence of previous inflammation and destruction of the middle ear) is curable by removal of the adenoids. As a very considerable number of children with deafness have adenoids, it is probable that, with operative measures, the amount of deafness among school children will decrease markedly in succeeding years.

(11) DISEASES OF THE EYE.

8,330 children were examined.

Ciliary blepharitis (sore lids).—282 cases, *i.e.*, 3.4 per cent.; neglected cases are treated at the Skin Clinic. Styas were present in 22 children, *i.e.*, .3 per cent.

Conjunctivitis.—41 cases, *i.e.*, .5 per cent. In 10 of these cases phlyctenules were present. Corneal ulcers were found in 2 cases.

Opacities.—Nebulae, 48 cases; leucoma, 8 cases; cataract, 12; buphthalmos, 3; scar of perforating wound, 6. Total 77, *i.e.*, .9 per cent.

Other conditions.—Nystagmus, 9 cases; synechiæ, 7; blepharospasm, 6; ptosis, 8; heterochromidia iridis, 10; interstitial keratitis, dacryocystitis, optic atrophy, meibomian cyst, 1 each.

Total eye defects and diseases (excluding blepharitis and errors of refraction) 217 cases, *i.e.*, 2.6 per cent.

(12) VISION.

All children of six and over, who were able to read, were tested as previously described.

The number of children tested was 6,260, a percentage of 75 on the total inspected at all ages.

The next table shews a summary of the results thus obtained; statistics from all ages are included.

The numbers in each square show the total cases with vision corresponding with degree marked on the vertical line (L. eye) and top line (R. eye), *e.g.*, there were 3,498 children with equal vision of $\frac{6}{8}$ in R. and L. eyes, and 116 children with vision of $\frac{6}{8}$ in R. eye and $\frac{6}{8}$ in the L. eye.

The record of visual power with spectacles is taken when the child is wearing these.

Total Examined.—Boys, 3,131 ; girls, 3,129.

		Less than						
		$\frac{6}{6}$	$\frac{6}{9}$	$\frac{6}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$
$\frac{6}{6}$	3498	116	10	20	4	9	3	19
$\frac{6}{9}$	70	1515	45	38	13	18	8	8
$\frac{6}{12}$	10	45	139	23	10	5	6	1
$\frac{6}{18}$	26	54	22	162	19	13	9	3
$\frac{6}{24}$	6	10	7	25	28	12	3	2
$\frac{6}{36}$	16	22	6	18	5	39	4	3
$\frac{6}{60}$	10	14	7	8	3	4	15	2
Less than	$\frac{6}{60}$	11	13	3	7	1	1	13

From this table the following facts may be obtained:—

1. The number of children with equal vision in each eye is 5,409, *i.e.*, 86·4 per cent. of the total examined.
2. The number with better vision in the right eye than the left is 425 ; with better vision in the left eye is 426, *i.e.*, in each case 6·8 per cent. ; or 14 per cent. of the children have unequal vision in the two eyes.

The next table shews, in a more popular manner, the approximate degree of visual power.

Boys, per cent.					Girls, per cent.			
Age.	No. Examined.	*Good or Fair.	Moderate.	Bad.	No. Examined.	Good or Fair.	Moderate.	Bad.
6	335	92·5	3	4·5	341	91·4	3·1	5·5
7	1071	91·6	3·2	5·2	1082	90·3	4·0	5·7
8	191	88·5	3·1	8·4	187	90·3	5·3	4·4
9	158	85·3	7·0	7·7	189	85·2	5·3	9·5
10	170	86·4	1·9	11·7	170	84·1	3·6	12·3
11	130	87·0	4·6	8·4	139	85·6	3·6	10·8
12	224	91·2	2·1	6·7	201	83·5	6·6	9·9
13	842	92·0	3·2	4·8	809	90·4	3·5	6·1
Totals ...	3,121	90·8	3·2	6·0	3,118	89·1	4·1	6·8

* In this table “good or fair” vision = $\frac{6}{6}$ or $\frac{6}{9}$, “moderate” = $\frac{6}{12}$, “bad” = $\frac{6}{18}$ and over.

The table shews that at years 8-12 (boys) and 9-12 (girls) there is a higher percentage of defective cases with bad vision ; this is due partly to a larger number of defective cases being selected at these years (none of them being routine examination years), and partly to increase in defective vision as the child becomes older. On looking at the 13 year group, *i.e.*, the oldest group in the school, one notes that the badly defective cases are below the average (the average is not, however, a true one for all children, owing to inclusion of selected cases in ages 8-12).

Further, one notes that the percentages of boys with defective vision is less at 13 than at 7 ; among girls it is rather higher at 13 than at 7

Since all children at 13 and 7 are examined, those figures may be used for accurate comparison. It would appear therefore (other things being equal) that among boys the increase in defective vision is more than counter-balanced by adequate treatment; among girls more treatment will be necessary before the percentage at 13 will fall below that at 7. It will also be noticed that the percentage of girls with moderate or bad vision is almost invariably higher than that of boys; how far this is due to their presumably more studious habits is doubtful. The number of girls with spectacles is certainly higher than that of boys; in all age groups 140 to 69.

Errors of Refraction, &c.—Taking the capability to read a line with the naked eye and then with a + 1 lens in front of the eye, to indicate hypermetropia, one may summarise the results obtained thus:—

				Male (3,131).		Female (3,129).
				Per cent.		Per cent.
*Hypermetropia with or without						
astigmatism	...	...		47	...	50
Myopia with or without astig-						
matism	...	...	...	6	...	6
Squint	...	...	...	2.7	...	2.3
Eyestrain	...	...	...	.7	...	1.2
Opacities	...	..	...	.9	...	1.2

*A considerable percentage of the cases in this group read $\frac{6}{8}$ with and without a + 1 lens; for all practical purposes they have normal vision. Most of these cases occur in young children whose power of accommodation is always high.

The following table shows the increase of myopia in school life:—

Age.	Number examined.			<i>Myopia.</i> Per cent.
6	...	676	...	1.2
7	...	2153	...	2.9
8	...	378	...	4.2
9	...	347	...	9.0
10	...	340	...	11.1
11	...	269	...	9.2
12	...	425	...	9.6
13	...	1651	...	9.8

Strabismus (Squint).—Convergent squint was found in 155 cases; divergent in 2. A considerable degree of amblyopia in the squinting eye was common. The necessity for early treatment is not yet recognised by parents.

Opacities.—In 67 cases there was defect of vision from opacities of the cornea or lens. The degree of interference with vision was less than might have been expected. This is shown in the following table:—

		<i>Vision.</i>			
Opacity.		$\frac{6}{12}$ or under.		$\frac{6}{18}$ and over.	
Unilateral	...	29	...	14	
Bilateral	...	6	...	18	
Total		35	...	32	

Eye strain was met with in considerable degree in 58 cases, most of which were recommended for treatment. This condition is one of the commonest causes of "school headaches."

The Education of the Visually Defective or Partially Blind Child.—Provision is made at present for that group of "blind" children defined by the Act of 1893 (Elementary Education—Blind and Deaf Children), as so defective in vision as to be unable to read the ordinary school books. In addition to such children there is a much larger group of visually defective children who, while able to stumble through, slowly and inaccurately, the more elementary reading books with fairly large print, are yet far behind the children of similar age. Most of the children in this group have opacities of the refractive media resulting from previous corneal ulceration and inflammation, or have cataracts or diseases of the posterior layers of the eye. There is, in addition to these, another large group suffering from high degrees of astigmatism, myopia, or hypermetropia, sometimes associated with nystagmus, which cannot be completely corrected by spectacles. There are a fair number of such children in the schools at present, in whom, even with spectacles, the vision is not better than $\frac{6}{24}$ or $\frac{6}{36}$.

In all these cases the attempt to carry on the ordinary work of the curriculum is accompanied by severe eye-strain with the usual accompaniments, and, unfortunately in many cases, a marked tendency to increase the progress of the disease.

Diseases of the posterior portions of the eye and high degrees of myopia in young children are the conditions in which danger is most to be apprehended.

Under the present circumstances the policy of giving a suitable position in the class and limiting all "near work," *i.e.*, reading, writing and especially needlework, has been followed. Such limitation or stoppage of particular subjects, while in the interest of the child physically, is not to its educational advantage.

It is therefore advisable that, as soon as possible, special classes should be started for such children. The teaching in such classes will, in a considerable degree, be necessarily directed to instruction through other senses, *i.e.*, through the senses of hearing and touch. The classes will be small, not exceeding 20 or 25 children. Manual and industrial work, not requiring much visual strain, will form a large part of the training. In a few cases the training will be temporary only, the child returning to the ordinary school routine in a year or so; in most the whole of the school life will be passed in such classes.

These special classes would, doubtless, be recognised by the Board of Education as classes for the Physically Defective and established under the Elementary Education (Defective) Act, 1899.

A recommendation to the Medical Inspection Sub-Committee has been made on the above lines and is at present under consideration (*vide* Section F., p. 120).

Recommendation for Treatment.—Children with vision of $\frac{6}{18}$ or less, with strabismus without great amblyopia, and with signs or symptoms of eye-strain were recommended to seek treatment, or were given advice. The

number of cases thus recommended was 534, of which 29 were advised, leaving 505 to get medical treatment.

	Number recommended for treatment.	Number seen during inspection.
Error of refraction $\frac{6}{18}$ or greater error	505	401
Squint		157
Eye-strain		58
Totals	505	*616

* The discrepancy between the number in the group seen at the inspection and the number recommended for treatment is due to the fact that many bad cases of squint with marked amblyopia, and several cases of eye-strain were not recommended to seek treatment.

The number of children who have spectacles (up to March, 1910) is 293, *i.e.*, 58 per cent.

In 1908, 392 were advised to seek treatment; the increase in 1909 being 113. The number who obtained spectacles was 55 per cent.

(17) DISEASES OF THE HEART.

In 367 cases, *i.e.*, 4·4 per cent., a haemic murmur was present over the heart area. In most cases this has very little significance, especially in young children with thin chest walls.

In 36 cases (·4 per cent.) functional disease of the heart was diagnosed, while in 49 (·6 per cent.) organic heart disease was present. The following were the lesions:—

Mitral regurgitation	33
Mitral stenosis and regurgitation ...	5
Mitral regurgitation and aortic ...	2
Mitral stenosis	2
Congenital morbus cordis	7

Acquired heart disease was present in 32 girls as compared with 10 boys.

In 37 out of 42 cases of acquired heart disease, a history of previous rheumatism, rheumatic fever, chorea or other rheumatic manifestations was obtained.

Exclusion from drill or a modified drill was suggested where organic disease was present; most of these children were allowed to continue at games with certain restrictions. The parents were seen in every case and were instructed as to general management of the child's health, especial stress being laid on the early and thorough treatment of rheumatic manifestations in certain cases.

A considerable degree of anæmia was found in 115 children, *i.e.*, 1·4 per cent. It is moderately common in a slight degree among school children of the poorer classes, generally owing to social conditions, over-crowding, closed windows, and lack of proper nourishment.

(18) DISEASES OF THE LUNGS.

A sub-acute bronchial catarrh is the condition most frequently met with. It was present in 130 children, *i.e.*, 1·5 per cent. It is generally associated with adenoids or "mouth breathing," during the winter months especially.

Bronchitis was found in 37 cases, *i.e.*, ·4 per cent.

One case of fibrosis of the lungs and 1 of bronchiectasis were found.

Phthisis is discussed under tuberculosis, page 102.

(19) DISEASES OF THE NERVOUS SYSTEM.

Chorea.—11 cases were found, of which 10 occurred among girls. Exclusion is generally necessary, and a subsequent examination is made for other rheumatic lesions.

Neurosis.—59 children were found to have some form of neurosis in a considerable degree; generally night terrors, sleep talking or walking; in addition to these, 9 cases of habit spasm were seen. In many of these cases temporary exclusion or limitation of lessons is necessary; the open air school would be the ideal place for the education of this group.

Enuresis was present in 20 cases; migraine in 2.

Epilepsy.—18 children, *i.e.*, ·2 per cent., were found to have some form of this disease. At present there are 3 children in Institutions for the Epileptic; most of those seen this year are not suitable cases for residential institutions.

Mental Deficiency.—The following were the types among 47 children in the Special School:—

Hydrocephalic, 1; Microcephalic, 1; Mongolian, 4; Epileptic, 3;
Associated with cerebral paralysis, &c., 6; Post febrile, 1;
Unclassifiable, 31.

A full description of the education, &c., of this group is given under Section (F), p. 117.

Paralyses.—The following were the lesions observed:—

Infantile paralysis: in 9 the leg muscles were affected, and in 2 the arm group—total 11.

Paralysis of arm: 3 (Erb's).

Paralysis of face (seventh nerve): 7 cases, paresis only in 3.

Hemiplegia, 2; diplegia, 4; paraplegia, 1; athetosis in 7 cases.

DISEASES OF THE SKIN.

Pityriasis alba or patchy desquamation on the face and neck is far the commonest condition. It occurred in 1,111 children, *i.e.*, 13 per cent.

Impetigo of the face was found in 66 cases (·8 per cent); of the scalp in 25 (·3 per cent.). Eczema in 56 cases (·6 per cent.); seborrhea capitis was present in 4 per cent. of children.

Ringworm of the scalp was found in 74 boys (1·7 per cent.) and 49 girls (1·1 per cent); a total of 123 cases actually found during the routine inspection; of these less than 20 per cent. were known to have ringworm at the time of inspection.

Many of these children have a very chronic form of the disease, the head being very "scurfy" with numerous broken diseased hairs; these cases are undoubtedly the chief means by which infection is spread, and must be excluded definitely for months under any form of drug treatment. The disease is invariably due, in this form, to the resistant small spored fungus, and it is difficult to cure. It was found that many of these children had been treated for "scurf" or "ringworm," and admitted back to school without any medical certificate.

In order to prevent this early return of infective cases into the schools, the Education Committee passed, on July 16th, the following resolution:—"That instructions be issued to the School Medical Officer to examine all children returning to school after being absent on account of ringworm."

In this way we have now a satisfactory check on the re-admission of these cases; no child can now return to the schools without a certificate from the School Medical Officer or School Doctor.

A careful investigation before re-admission is made as to the presence of the fungus.

Ringworm of the body (*tinea circinata*) was found in 9 cases (·1 per cent.

The following were the other conditions found:—multiple papillomata, 51; herpes, 22; acne, 16; lichen urticatus, 12; chronic onychia, 10; scabies, 7; psoriasis, 5; cheloid scars, 5; xeroderma, 23; alopecia, 3; other diseases and conditions, 26.

DEFORMITIES.

(a) *Acquired Deformities.*

Upper limb and neck:—Torticollis, 3; cubitus varus, 2; cubitus recurvatus, 1; dislocated head of radius, 1.

Lower limb:—Secondary talipes equino-varus was found in 5 cases and valgus in 3 cases.

Spine:—Lateral curvature was found in 90 children, *i.e.*, 1·1 per cent.; kyphosis to a well-marked extent in 45 (·5 per cent.); while in 10 cases both these conditions were present in the same child. Lordosis was well marked in 2 cases.

Chest.—The following deformities were found, apart from rickets:—

		Per cent.
Flat chest...	266	3
Pigeon chest	178	2
Funnel chest	59	·7
Barrel chest	5	—

These deformities are usually associated with the presence of adenoids or mouth breathing, or are the result of previous lung diseases. A great improvement might be effected by suitable exercise.

Rickety Deformities.—The following were found: chest, 390 cases (4 per cent.); frontal bossing, 176 (2 per cent.); curved tibiæ, 115 (1·4 per cent.); genu valgum, 44 (·5 per cent.); genu varum, 18 (·2 per cent.); coxa vara, 1. The deformity in most of the above was slight and needed no special treatment. The percentage of visible deformities is much less at 13 than at 6 or 7 years of age.

(b) *Congenital Deformities.*

Head:—Bifid uvula, 53 cases (·6 per cent.); cleft palate, 7 cases, hare lip, 2 cases.

Upper limb and chest:—Congenital contraction of fingers, 1; macrodactyly, 1; microdactyly, 2; syndactyly, 1; congenital absence of pectoralis major, 2; cleft sternum, 1.

Lower limb:—Congenital dislocation of hips, 2; talipes eq.-varus or varus, 4; pes cavus, 2; bifid toe, 1.

Other congenital faults:—Mongolian eye folds, 112; accessory auricle, 8; remains of branchial cartilages, 5; supernumerary nipple, 1; congenital smallness of limb, 1; and intrauterine amputation of arm, 1.

(c) Excision of eye, 3; amputation of arm, 2.

(20) TUBERCULOSIS.

The following cases were discovered during the routine inspections:—

	Active.	Quiescent.	Per cent.
Tuberculosis of lungs	8	15	·3
Tuberculosis of joints and bones	4	22	·3
Tuberculosis of glands	14	1	·2
Tuberculosis of skin	2	—	·02
	—	—	—
Total	28	38	·8
	—	—	—

Tubercular abscess scars in the neck were found also in 29 children (·3 per cent).

Tubercular lesions were present in 46 boys and 49 girls; altogether 105 cases, *i.e.*, 1·2 per cent. (this includes scars of past lesions and active cases).

The position of the bone lesions was as follows:—spine, 5; hip, 5; fingers, 5; knee, 3; ankle, 3; elbow, 2; humerus, 2; heel, 1; rib, 1.

Cases in which a diagnosis of phthisis is doubtful are admitted into the Sanatorium, and watched over a period of a month or six weeks.

Practically all cases seen in the routine inspection have undergone Sanatorium treatment during the year.

A considerable number of children, apart from those discovered in routine inspection, now report themselves regularly for examination and weighing at the Public Health Office; by these means we are enabled to watch the cases and re-admit for Sanatorium treatment when necessary.

Special cards are made out for all school children notified between the ages of 3 and 14. A specimen card is here shown.

PHYSICAL EXAMINATION.

FURTHER EXAMINATION.

		Date.	Physical Signs.	Weight.
Sanitary Condition of House				
Precautions				
Other occupants of same Bedroom				
House				
Sufficiency of Food				
Further Remarks				

Name	Age			Reg. No.	San. No.
Address	Sanatorium Treatment:				
Duration and History of illness					
Previous Places of Residence during illness					
Schools					
Parents, &c., Wages and Work					
Other Relatives, &c.					
FAMILY HISTORY— No. and Age in same Family.		In Second Family.	History of Cough, &c., among these.		

The number of notified cases of tuberculosis of the lungs in children of this age group (3-14) is 91. The next table shews the number notified in each of the last 7 years and still remaining in the group (in the earlier years children have been notified who have now passed the age of 14 and who thus fall out of the group).

<i>Year.</i>		<i>Notifications.</i>				<i>Total.</i>
		<i>Boys.</i>		<i>Girls.</i>		
1903	...	1	...	—	...	1
1904	...	1	...	1	...	2
1905	...	4	...	3	...	7
1906	...	8	...	7	...	15
1907	...	8	...	7	...	15
1908	...	14	...	9	...	23
1909	...	16	...	12	...	28
		—		—		—
Total	...	52		39		95
		—		—		—
<i>Per cent. of 16,000</i>						
<i>children in regular</i>						
<i>attendance</i> ...						
		·32		·24		·57 per cent.

During the year, visits were made by the School Doctor and Mr. Councillor Yates, a representative of the Education Committee, to the Tuberculosis Exhibition held in June. A report was subsequently made on the exhibits, &c., and the suggestion was made that an open-air school should be opened. Such a school would be of great advantage, not only in dealing with the actually tuberculous, but also in the prevention of the disease by the treatment there of the so-called pre-tuberculous stage, *i.e.*, the stage before any definite signs of the disease make their appearance. Delicate and neurotic children would be much more efficiently educated physically and mentally in such a school.

Visits are now made by the School Doctor to the homes of tuberculous children attending the elementary schools. In the course of these visits the cards, previously mentioned, are filled up; advice is given to the parent regarding dietetic and general hygienic treatment.

(23) INFECTIOUS OR CONTAGIOUS DISEASES.

Apart from ringworm, scabies, impetigo, and some forms of conjunctivitis, very few cases are seen. During 1909, four cases of varicella and two of mumps were the only acute infectious diseases found in routine inspection.

(24) OTHER DISEASES OR DEFECTS.

The following were found:—Herniæ; umbilical and inguinal 4 each; of linea alba, 1; innocent tumours, 13; fractures, 3 (recent); one old (malunion); subluxations, 2; synovitis of knee, 1; caries tibiæ, 1; incontinence, 2; achondroplasia, 1; intestinal parasites, 9; subacute nephritis, 1; subacute rheumatism, 2; mucous dyspepsia, 15.

VACCINATION.

The number and approximate size of vaccination scars was noted in each child examined. Out of 8,308 children, 23·3 per cent. shewed no vaccination marks.

The following table shews the results of this examination. It will be noticed that the percentage of children with vaccination scars of one inch and over progressively increases with the age.

Age.	Total Examined.	Percentage with no visible Marks.	Number of Marks.					Size of Marks.					Total Vaccinated.	
													Per cent. under 1 in.	Per cent. of 1 in. and over.
			0	1	2	3	4	0	$\frac{1}{8}$ in.	$\frac{1}{4}$ in.	$\frac{1}{2}$ in.	1 in.		
3	274	24·8	68	90	30	19	67	68	143	56	6	1	95	5
4	808	28·9	234	161	154	75	184	234	360	175	37	2	93	7
5	876	23·8	208	178	179	83	228	208	373	228	64	3	90	10
6	744	19·7	147	165	172	78	182	147	306	202	80	9	87	13
7	2187	21·9	480	525	460	229	493	480	886	608	183	30	87	13
8	384	23·4	90	54	82	50	108	90	142	114	34	4	87	13
9	348	23·0	80	71	77	33	87	80	120	95	46	7	83	17
10	342	23·6	81	77	77	35	72	81	99	103	48	11	79	21
11	269	27·5	74	45	64	21	65	74	61	80	41	13	72	28
12	425	23·7	101	83	111	49	81	101	76	129	88	31	68	32
13	1651	22·4	371	351	424	195	310	371	217	495	442	126	60	40
Totals	8308	23·3	1934	1800	1830	867	1877	1934	2783	2285	1039	237	80·8	19·2

The percentage proportion of the child population at all ages between 3 and 14 with a vaccination mark of 1 inch or over is only about 19 per cent.

(f) REVIEW OF THE METHODS AVAILABLE FOR THE TREATMENT OF DEFECTS.

The parents of any child with a serious defect are at once notified after inspection, and are requested to seek advice from their usual medical attendant. Inasmuch as it is not to the advantage of the private practitioner to treat cases of *defective vision and adenoids* among the poorer classes, the majority of children so affected are taken to hospital for treatment. The hospitals, &c., available for such cases are :—

1. Sussex County Hospital for treatment of all cases.
2. Eye Hospital.
3. Throat and Ear Hospital.
4. Children's Hospital, for the treatment of all cases except those with errors of refraction.
5. Dental Hospital.
6. Dispensaries.

The Borough is thus well supplied with institutions for the treatment of general and special cases.

Admission to most is by letter; this system ensures some enquiry into the necessity for hospital—as opposed to private—treatment. At times, however, difficulty is experienced by parents in procuring these, and this has led to delay in treatment. The Association of Head Teachers is a subscriber to several hospitals and distributes a certain number of letters; the Medical Officer of Health also receives letters direct from the Secretaries of certain institutions and also from private subscribers; the parents, however, have been mainly dependent on the clergy or the direct charity of private individuals.

The Board of Education indicate that before treatment of ailments is undertaken by the Local Education Authority, full advantage should be taken of the benefits of Hospitals, Infirmaries and Dispensaries.

In November, 1908, a letter was addressed to the Boards of the four first-mentioned hospitals. In this letter the difficulty of procuring recommendation cards for children who could not afford private treatment was pointed out, and inquiry was made as to the terms on which these hospitals would be prepared to assist the Education Committee in meeting this difficulty.

Replies were received from the hospitals, stating that the Managing Board did not see their way to making any special arrangements with the Education Committee in reference to the treatment of children attending the elementary schools.

In consequence of this the Education Committee decided to become annual subscribers to certain hospitals and allotted £36 15s. a year for this purpose. This proposal was confirmed by the Board of Education and came into force in the financial year of 1910-11.

The provision of Spectacles.—It has been found necessary in some cases to provide spectacles to the children of parents unable to pay for these.

At the Eye Hospital a certain number of children are granted spectacles after examination.

The Charity Organisation Society kindly investigates cases referred to them. 51 cases were thus investigated in 1909; of these 30 were granted financial help occasionally with the co-operation of the clergy or of other societies.

The Committee has allotted, with the approval of the Board of Education, £15 towards the provision of spectacles in necessitous cases during the year 1910-11.

Otorrhœa.—It is recognised that chronic otorrhœa is in a majority of cases incurable, except temporarily, at home. Much, however, can be done to ameliorate the condition, especially in the lessening of the amount and offensiveness of the discharge. In order that coexistent aggravating conditions might be removed, and that courses of treatment might be prescribed, all those cases were asked to seek advice.

Defective Teeth.—The treatment of dental caries is a serious problem. No institution exists in Brighton large enough to cope with even a part of the work to be done. The appointment of a whole time school dentist would ensure the treatment of the worst cases, and the application of conservative measures to the teeth of many children, more especially those of six and

seven years of age. At this period of life the preservation of the first molars of the permanent set of teeth is of vital importance, as on these teeth fall the burden of mastication, until the child reaches the age of 12 or 13. As has been sufficiently demonstrated at the Cambridge Dental Clinic, caries of the six-year molar is very common, and a very small percentage of children reach the age of 12 without destruction of this tooth. It would, of course, be impossible for one dentist to treat more than 2,000 children in the year, but the saving of caries affected in a few years would materially diminish the work in future.

In the annual report for 1908, two charts were published from the Report on Dental Inspection and Treatment at Cambridge and for further particulars reference should be made to these.

In a Report made to the Education Committee, the advisability of appointing a School Dentist was urged; so far no steps have been taken in this direction.

Treatment by School Nurses.—No treatment is carried out by the Medical Inspection School Nurse. The work done in personal visitation of the parents whose children require treatment is of great importance, and has been admirably carried out during the year by Nurse Hensor.

2,751 visits were made to homes during 1909, most of the cases requiring treatment being visited twice at least.

Some treatment at the home is carried out by Nurse Richnell. Such treatment is confined to the assistance of the parent in dealing with cases of neglected impetigo of the scalp, verminous condition of the hair, and chronic ringworms. During the year 1,236 visits have been made to the schools by the Second School Nurse, and 723 homes have been visited.

Treatment of Defects at the School Clinic.—The School Clinic is now in the fourth year of its existence.

The Clinic is held once weekly, on Tuesday afternoon, from 3.30 to 5.30, in one of the rooms of the Special School.

The diseases treated are contagious diseases of the skin or scalp, verminous conditions, and eczema; in addition, blepharitis, conjunctivitis and certain other eye conditions are dealt with. Cases of other diseases are sent down for examination by teachers, but these are more frequently dealt with at the Public Health Office.

A special point is now made of keeping all cases of ringworm of the scalp under observation for months after apparent cure; the child is told to report every two months, and a careful examination is made for any relapse.

In regard to school attendance, the policy of partial exclusion is followed; if the diseased area is fairly free from loose hairs or scurf, the child is allowed to attend while wearing a cap.

A considerable increase is noticeable in the number of children attending:—

<i>Year.</i>			<i>Number of cases.</i>	<i>Number of attendances.</i>
1907	...	...	123	—
1908	...	...	356	1302
1909	...	...	792	2973

The following table shows the conditions treated and number of cases and attendances :—

<i>Disease.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>In-</i> <i>fants.</i>	<i>Total.</i>	<i>Attend-</i> <i>ances.</i>
Verminous conditions ...	5	41	12	58	104
Ringworm of head ...	43	31	167	241	1598
Ringworm of body ...	13	22	33	68	162
Impetigo and eczema ...	65	62	127	254	646
Scabies ...	8	14	15	37	114
Blepharitis ...	9	23	16	48	168
Phlyctenular conjunc-					
tivitis ...	4	3	6	13	38
Conjunctivitis ...	5	9	12	26	44
Alopecia (other than ring-					
worm ...	2	2	4	8	40
Other conditions ...	14	4	21	39	59
Total ...	168	211	413	792	2973

The number of new cases treated was 671; the Clinic was held 45 times, and there was an average attendance of 66 (1908 average attendance 32).

The number and nature of cases at present under treatment is :—

Verminous heads ...	4
Ringworm of head ...	208
„ body ...	18
Impetigo, &c. ...	73
Scabies ...	11
Blepharitis ...	18
Conjunctivitis ...	8
Alopecia ...	2
Other conditions ...	10
Total ...	352

The Clinic is almost self-supporting as regards the drug bill (1d. is charged for each box of ointment, &c., where payment is possible). Any deficit is now made good by the Education Committee, who took on the financial management in October, 1909.

During the next financial year the sum available for medical treatment will be £100.

TREATMENT APART FROM THE SCHOOL CLINIC.

This is obtained chiefly from the hospitals and dispensaries and to a smaller extent from the private practitioner.

Subsidiary agencies such as the League of the Brave Poor Things and the branch of the Invalids' Children's Aid Association (newly formed in 1910) are available for help in certain cases; the chief help of such societies lies in the amelioration of defective home conditions, which are at the root of much neglect and sickness.

It has been previously mentioned that 3,253 children were found to be in need of advice or treatment for defects. Of this number 1675, *i.e.*,

51 per cent., simply required advice as to home life and general hygienic conduct. In this group are included such cases as compensated heart disease, mouth breathers, cases of adenoids not requiring surgical treatment, quiescent tuberculosis, minor skin diseases, and mentally defective children. The remaining 49 per cent., 1,578 in number (a percentage of 18·9 on the 8,353 children examined), were advised to seek treatment from a private practitioner, or in default, from hospital. The majority of these children suffered from defective vision or enlarged tonsils and adenoids.

The following table shews the number with these defects recommended for medical treatment:—

	<i>No. of defectives.</i>	<i>No. treated.</i>	<i>Per cent. treated.</i>
Enlarged tonsils and adenoids	503	243	48
Defective vision	505	293	58

The increase in the number of these cases treated is 3 per cent. in each group over that of last year.

In the above, operations were performed in all cases of enlarged tonsils and adenoids, and spectacles *procured* in the eye cases. The number treated for defective vision is probably 10 per cent. higher than that stated above, since in a certain number of cases (especially in high astigmatism of one eye only) it was not found advisable for the child to get spectacles; moreover, quite a number of children had prescriptions for spectacles given by the hospital authorities, and it was found that the parents were unable or unwilling to pay for these. A further group of children whose vision requires attention are at present in attendance at the hospitals, but have not yet obtained spectacles. It should be mentioned that a certain number of children have been recommended to obtain spectacles after special examination, apart from medical inspection; these are not included in the returns for routine inspection.

The following table shews the number of children obtaining treatment for various conditions at the different hospitals so far as we have been able to ascertain:—

Hospital, &c.	Errors of Refraction, &c.				Tonsils & Adenoids.		No		Total.
	Spectacles obtained.		Spectacles not yet obtained.		Operations.	Operation up to present time.	Other Conditions.		
Eye... ..	137	56	—	—	—	—	—	193	
Sussex County	107	42	116	11	50	—	326		
Throat and Ear	—	—	56	14	15	—	85		
Children's ...	—	—	67	40	52	—	159		
Dispensary...	—	—	2	3	14	—	19		
Dental Hospital	—	—	—	—	81	—	81		
Clinic ...	—	—	—	—	140	—	140		
Private Practitioners	6	6	1	25	47	—	85		
Optician ...	12	4	—	—	—	—	16		
Sanatorium	—	—	—	—	12	—	12		
Dentist ...	—	—	—	—	14	—	14		
Other Sources	11	—	1	4	30	—	46		
Totals	273	108	243	97	455	—	1176		

Thus 1,176 out of 1,578 children obtained treatment, *i.e.*, 74·5 per cent. Of the remainder 317 (20·1 per cent.) took no action at all, 27 (1·8 per cent.) refused treatment altogether, and 58 (3·6 per cent.) had left school without obtaining treatment. The number obtaining treatment from charitable institutions (including Clinic and Dispensary) was 1,015, *i.e.*, 91 per cent.; from a private practitioner or dentist 99, *i.e.*, 9 per cent. The above statistics do not aim at giving the precise number of school children applying for treatment at the several hospitals, &c.; undoubtedly that number is much larger than stated; these figures represent approximately the numbers attending because of advice given at the routine school medical inspection. In 19 out of 27 cases in which the parents refused to obtain treatment the defect was enlargement of the tonsils or adenoid growth.

(g) REVIEW OF ACTION TAKEN TO DETECT AND PREVENT THE SPREAD OF INFECTIOUS DISEASES.

Particulars are given on pages 10-15 regarding the incidence of infectious diseases in the Schools during 1909.

The chief rules on which official action is taken in Brighton to regulate the cessation of isolation and return to school of patients and the periods of quarantine are very similar to those of the "Memorandum on School Closure and Exclusion from School" (1909), issued by the Principal Medical Officers to the Local Government Board and the Board of Education. The following are the chief points of difference.

Scarlet Fever.—The patients often leave after five weeks in the Sanatorium; they return four weeks later to school. If treated at home the same rule is followed. Contacts are allowed to resume attendance at school after one complete week of removal of the patient. (Memorandum—two weeks).

Diphtheria.—Contacts are not allowed to attend till four weeks after removal of the patient. (Memorandum = two weeks or longer).

Measles.—Exclusion and isolation is three weeks. (Memorandum = four weeks).

Chicken Pox.—Contacts are allowed to attend school (Memorandum = three weeks), even when they belong to the Infants' Department.

We consider it better that a child should be taken ill with chicken pox whilst it is attending the Infants' Department, as it is less serious for the child to miss school work at that period than later in its school life. It is needless to add that there is no risk to life nor of bad after effects.

Other Infectious Diseases.—The regulations for these conform with those of the Board exactly.

(h) THE EDUCATION OF DEFECTIVE CHILDREN.

Mentally Defective.—The special school for the education of mentally defective children was opened in 1898, and has accommodation for 40 children.

The following are the chief facts relating to attendance.

Accommodation, 40. Number on roll, 48. Number awaiting admission, 40.

	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Attending January, 1909 ...	28	17	45
Admitted during 1909 ...	15	3	18
Left during 1909 ...	12	3	15
Attending December, 1909...	31	17	48

The necessity for the enlargement of this school was pointed out in 1908, and a special investigation was made during 1909; the conclusions will be found in the appended report.

The schedule of instruction for the special school is here given; if some industrial training could be given to suitable children during the last two years of their school career, one might hope for somewhat better results than we are getting at present. An experiment is at present being carried out in this direction; a few boys are being taught boot repairing, and their progress so far has been very encouraging.

Of the 40 children who have left between February 1st, 1907, and December, 1909, the following particulars have been obtained:—

Discharged to ordinary schools ...	..	7
Dead ... ..	...	3
Discharged as uneducable ...	...	2
Epileptic Home ... ..	...	1
Guardians... ..	..	3
Epileptics living at home ...	...	2
Too ill to attend ... ..	...	1
Learning shoe repairing ...	..	5
Regular work ... ..	...	2
Irregular work or work at home...	...	4
At home doing no work ...	...	1
No trace or left Brighton...	...	9
<hr/>		
Total ... ..	...	40
<hr/>		

The grade of mental defect for which children are now admitted to the school has risen with the increased demand for places which has followed the discovery of cases in the elementary schools through medical inspection.

There is in connection with the school an "After-care" Committee. From the social point of view, after care of the mentally deficient is even more important than special education, as it deals with the child at a more critical period of life from the moral standpoint. It is advisable that all cases should be followed up, and that careful records be kept of the after school life, and that the visitor be asked to advise on all questions affecting the welfare of the child.

SPECIAL

TIME

		9.15	.45	9.45—10.10	10.10—10.30	10.30—10.50	10.50—11.5	11.5—11.25
MONDAY	... { 1 2 3	Registration. Prayers. Hymns. Assembly.	Texts. Lesson. Moral. Lesson. Hymns.	Observation Lesson.	Number.	Drill.	Recreation.	Reading.
TUESDAY	... { 1 2 3			Number.	Reading.	Recitation.		Writing.
WEDNESDAY	.. { 1 2 3			Observation Lesson.	Number.	Drill.		Reading.
THURSDAY	.. { 1 2 3			Number.	Reading.	Recitation.		Writing.
FRIDAY ...	... { 1 2 3			Number.	Reading.	Games.		Writing.

ANALYSIS OF TIME	{	Scripture	150"	Singing	60"
		Observation Lessons...	50"	Recreation and Games	145"
		Number	115"	Breathing Exercises } and Marching	75"
		Reading	100"	Drill	40"
		Writing	100"	Stories	20"
		Recitation	40"		
		Drawing	70"		

SCHOOL.

TABLE.

11.25—11.45	11.45	1.15	1.30	1.30—1.50	1.50—2.35	2.35— 2.45	2.45—3.15	3.15
Writing.	Dinner and Recreation.	Assembly and Registration.	Marching and Breathing Exercises.	Drawing.	Manual—Boys. Needlework. Occupations.		Manual Occupations.	Dismissal.
Singing.				Drawing.	Manual—Boys. Varied Occupations.		Manual Occupations.	
Writing.				Brushwork. Varied Occupations.			Drawing.	
Singing.				Occupations and Domestic. 5 boys attend workshop for lessons in shoe-mending.			Occupations.	
Stories.				Singing,	Manual—Boys. Cookery—Girls. Occupations.		Manual. Cookery. Occupations or Games.	

Occupations :
Manual
Cookery
Varied

}

385"

}

1350"

Physically Defective.—No special arrangements at present exist for the special education of this group. A few children have been accommodated in the ordinary elementary schools. The provision of a special school is dealt with in the subjoined report.

Epileptics.—There are at present 3 children in residential institutions, approved by the Board.

Deaf and Dumb.—5 children at present receive instruction in the local institutions for the Deaf and Dumb.

Blind.—5 children are receiving education in the Barclay Home or the Blind Asylum in Brighton.

Moral Defectives.—The Education Authority, in conjunction with the London County Council, have a residential industrial school at Portslade, to which such cases are sent.

“EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON.

“*To the Members of the Medical Inspection Branch Sub-Committee.*

“Gentlemen,—We beg to present for your consideration a Report dealing with certain groups of mentally and physically defective children, more especially as regards the accommodation at present provided for them, the nature of the curriculum, and certain defects of the present system of their training.

“It is now recognised by all educationalists, and is being emphasized day by day by School Medical Officers, that children suffering from certain mental or physical defects, require a modified tuition.

“This has been recognised by the Government, and two Acts have already been passed, the Elementary Education Acts of 1893 and 1899, which provide for the special education of the following children:—

“1. Blind: Children too blind to be able to read the ordinary school books used by children.

“2. Deaf: Children too deaf to be taught in a class of hearing children in an Elementary School.

“3. Mentally deficient, physically deficient: Children who, not being imbecile and not merely dull or backward, are, by reason of mental or physical defect, incapable of receiving proper benefit from instruction in the ordinary Public Elementary School, but are not incapable of receiving instruction in special classes or schools.

“Epileptic; Children, not being imbeciles, who are unfit by reason of severe epilepsy to attend the ordinary schools.

“To provide for these defective children the Education Authority may acquire, maintain, or contribute to, special schools or classes certified by the Board of Education. They may also provide guides or conveyances for taking children to such schools, and the parents may be required to pay for such conveyance.

"The usual age for admission is 7, and the children may be kept until they are 16. The Government Grant per child averages £4 3s.

"Such children may therefore be dealt with:—

- "1. In special schools or institutions. (a) Day. (b) Boarding.
- "2. In special classes in public elementary schools.
- "3. By boarding out and sending to special school or class.

"MENTALLY SUBNORMAL.

"These may be divided into the following sub-groups:—

"1. *Ordinary dull and backward children.* Statistics obtained during Medical Inspection, 1908, shews that the percentage of these children is from 5 to 6 per cent. of the ordinary school population of six years and over. No special provision is necessary for these children, provided they are taught with younger children and not moved into higher classes, owing to age alone being taken into account.

"2. *Intermediate Group.* These children are practically mentally defectives of a slight grade. The group includes the very backward children. Such children practically never rise above Standard IV.; many of those at present in Standard IV. are not able to do the work of that standard. A special investigation has been made during this year of this group of children.

"In every school the head teacher of the department has been asked to present for medical inspection all mentally defective and very backward children. A selection of these very backward children (the intermediate group) shews that there are at least 206 children who may be said to be definitely in this group. This is equivalent to just over 1 per cent. of the total school population.

"This does not include such children as are urgently in need of education in the Special School. This type of child is especially met with in the poorer class school. This is shewn by the higher percentage accumulation in the lower Standards as compared with the upper. It is also noticeable that such schools often have an excess of accommodation, and cases drift there from other Schools.

"The percentage incidence of this group has been placed as high as 10 per cent. for the London Schools by Dr. Kerr, of the L.C.C. Education Department. Probably this estimate includes the ordinary dull and backward group of children.

"These children will never rise beyond Standard IV.; many that do reach Standard IV. will not do so by reason of their merits but will be placed there to prevent the demoralisation caused by their presence in lower Standards. Wherever they are, they are a drag on the class, and a perpetual source of annoyance to their teacher. The majority do not leave the Infants' Department until they are 8.

"No provision is at present made for this group in Brighton.

"3. *Mentally Defective.* The Special School has accommodation for 40 children, and has 49 on the roll, the average attendance being 40. In the special investigations made during this year 41 children, who were definitely mentally defective in a considerable degree, were found in the classes of the Elementary Schools.

"Their lack of self-control and their habits render them quite unfit, and often dangerous companions for association with the ordinary school child. The accommodation in Brighton is about half that which is necessary.

"RÉSUMÉ.

"The approximate numbers of children, subnormal mentally, in the Elementary Schools of Brighton are:—

"(a) Ordinary dull and backward	...	5.3%	= 950
"(b) Intermediate group...	...	1.1%	= 206
"(c) Mentally defective ...	...	.5%	= 90

"EXISTING ACCOMMODATION.

"(a) *Ordinary Dull—Backward Children.*—As mentioned above no special provision is required except that care should be taken to keep those children with others not of the same age but with the same mental capacity.

"(b) *Intermediate Group.*—At present no special arrangements are made for this group. Accommodation might be provided in those schools which at present do not take their full complement. The number of vacancies in the "Provided" (a) and "Non-Provided" schools (b) are as follows:—

"ELEMENTARY SCHOOLS—

"The existing surplus of accommodation in the "Provided" and "Non-Provided" schools is as follows:—

(a) Richmond Street Boys'	...	...	60
Park Street Boys'	...	...	60
„ Girls'	...	...	60
„ Infants'	...	...	130
Loder Road Mixed	...	...	40
Stanford Road Infants'	...	...	80
(b) St. Margaret's Mixed	...	...	200
St. Mark's Boys'	...	...	90
„ Girls'	...	...	80
„ Infants'	...	...	100
St. Paul's Mixed	...	...	220
„ Boys' ...	...	...	100
St. Mary Magdalene Mixed	...	...	90

"There is thus a surplus of accommodation unequally distributed, but some of which it might be possible to utilise in the establishment of special classes for *intermediates* in various parts of the Borough. The above accommodation would not of course be fully available in some schools when the accommodation given is for infants only, and this would mean lessened accommodation for older children.

"In any case, a definite percentage of the accommodation would have to be left to meet the possible demands for admission in the ordinary way. Allowing for this, however, it is possible that special classes might be started in three or four schools.

"Provision should be made for 250 children of the intermediate group in these special classes; these classes would be very useful as 'clearing houses' for doubtful mental cases.

"MENTALLY DEFECTIVE.

"For reasons mentioned above these children cannot be taught in the ordinary schools. The special school for these children can only accommodate half their number, and there is an urgent want for a school to accommodate from 100 to 120 of such children.

"PHYSICALLY DEFECTIVE.

"1. *Cripple Class.*—Accommodation for this class is not at present provided; hence many children suffering from tubercular joint disease and paralysis are at present not being educated in schools. From the economic point of view this is a mistake, since many of these children, if given a proper manual training, would in later life be self-supporting, or at any rate partially-supporting; education thus provided is of benefit to the community, whereas education for the mentally defective is very frequently of very little economic value and only benefits the community by training children in self-control over a period of years up to the age of 16; after this is over, a lapse is only too frequent.

"There are many children attending very irregularly at the Elementary Schools by reason of crippling defects, their attendance would be much improved by the establishment of special classes or schools. In considering the establishment of such a school, the possibility of having to provide a conveyance or guides must be noted. Accommodation in such a school should be provided for other groups of physically defective besides cripples.

"2. *Other Physically Defectives.*

- "(a) Tubercular children.
- "(b) Children with heart or lung disease.
- "(c) Children with certain nervous diseases.
- "(d) Rickety children and children of deficient stature.
- "(e) Children with partial blindness or complete blindness.
- "(f) Children with partial or complete deafness.
- "(g) Children with defective speech.
- "(h) Epileptics, not mentally defective.

"The above list appears a formidable one, but in reality the administration and teaching would not be very difficult to arrange for. In the matter of teaching, many of the groups could be combined.

"It is important to recollect that there are many of the above type of children at present in the Elementary Schools. They are receiving inadequate instruction, given in a manner unsuited to

their comprehension. There is a considerable number of children who are partially blind, *i.e.*, while able to find their way about, they are unable to read or write properly. Such children require education by the training of their auditory and tactile organs chiefly. The partially deaf also require special instruction. Children with defective speech would be temporary scholars of such a School; many would probably require a stay of three months only; the same is true of many cases of nervous disease.

“The accommodation which it would be necessary to make for physically defective children should not be less than 100.

“The following are the chief points to be noticed in establishing such a building:—

- “1. Central position.
- “2. Arrangements for open-air tuition at times.
- “3. Special School furniture.
- “4. Special Teachers; manual instructors and arrangements for manual work.

“THE NATURE OF THE CURRICULUM FOR MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

“In two words, it should be as far as possible ‘manual’ and ‘industrial.’ Other instruction would be given as the child was likely to profit by it.

“The Classes would be smaller than in the ordinary Schools, and would be specially staffed by efficient instructors. Instruction might be given, according to capacity, in two or three divisions.

“In view of the combination between different groups of physically defective children, the expense of providing a staff would not be excessive.

“*Present Expenditure* of the Education Authority on the provision of special training—

	£	s.	d.
“1. <i>Special School</i> , 49 children, approximately	£230	0	0
“2. <i>Blind Children in Institutions</i> , 7 children	198	0	0
“3. <i>Deaf, &c., Children in Institutions</i> , 5 children	140	0	0
“4. <i>Epileptics</i> , 3 children	105	0	0
	£673	0	0
“Contributions by parents	30	0	0
	£643	0	0

“SUMMARY OF RECOMMENDATIONS.

“We think that additional accommodation and training should be made as follows:—

- “1. Special classes to be established in various schools for 250 children, intermediate between backward and mentally defective.

“ 2. A special school to be provided to accommodate from 100 to 120 children who are mentally defective.

“ 3. A school of the same size for the use of physically defective children.

“ As an alternative it would be possible to erect a school capable of dealing with all the above groups. The disadvantage of such a school would be the difficulty of access from certain districts of the Borough. This to some extent would be overcome by the provision of a mid-day meal at the school, and by a suitable conveyance for certain cases.

“ DUNCAN FORBES, M.D.

“ J. LAMBERT, M.D.”

This report is under consideration at present.

WORK IN CONNECTION WITH THE EDUCATION (PROVISION OF MEALS ACT), 1906.

In the Report for 1908 a short history of the movement and the administration and organisation were discussed.

Owing to a more strict enquiry during 1909, the number of children receiving free meals has fallen noticeably (a copy of the enquiry form is appended). All children for whom an application form is received are weighed and measured, and in special cases thoroughly examined by the School Medical Officer or School Doctor. During 1910, 1,633 children were examined and a report made to the Canteen Branch Sub-Committee on the advisability or not of giving free meals on medical grounds. Many of these were examined on two or three occasions, the total number of examinations made being 2,392 (1908 = 2,006).

The children recommended for free meals were those of deficient physique, deficient weight in relation to height, tuberculous and anæmic children, &c. Of the applications received, 45 % of boys and 42 % of girls were recommended for free meals.

INQUIRIES BY SCHOOL ATTENDANCE OFFICERS.

An enquiry is always made by the School Attendance Officers into the economic circumstances of each family. The weekly wage, the rent and the number and age of those to be supported is taken into consideration. After deducting the amount due for rent, an allowance is made of 3/- weekly per adult, as a maximum amount necessary for food—2 children under 14 count as one adult. If on this calculation it is found that enough money is not being earned to support the family, the child is given free meals.

The Menu.—A menu was suggested and accepted by the Canteen Committee. It is calculated on a scientific basis and supplies from 1-3rd to 2-3rds of the total food requirements of the day (calculated as Calories) for children of 14 year of age.

MONDAY	...	1 pint of pea soup ($\frac{1}{4}$ -lb. peas), $\frac{1}{2}$ -lb. bread.
TUESDAY	...	Irish stew (large plateful), 4 oz. bread, 2 oz. cheese.
WEDNESDAY	...	1 pint of lentil soup ($\frac{1}{4}$ -lb. lentils), $\frac{1}{2}$ -lb. bread.
THURSDAY	...	Suet pudding (with raisins or currants), 4 oz. bread, 1 oz. margarine.
FRIDAY	...	1 pint of haricot bean soup, 4 oz. bread.
SATURDAY	...	$\frac{1}{2}$ -lb. bread with 1 oz. margarine, 1 pint of sweetened cocoa.

The cost of the actual food material in the above meals averages $\frac{3}{4}$ d.—1d. Alternative menus were suggested and are occasionally used.

During the last session, children with quiescent tubercle have been given a glass of milk daily, about 11 a.m., while at school. If possible, the parent pays part or the whole of the cost: enquiry being made by the School Nurse.

General arrangements.—The cooking is carried out at one centre (Richmond Street). From here the food is distributed to other centres.

During the year 1909, other centres have been opened, viz., Circus Street, Elm Grove, St. Margaret's, Special School, Queen's Park, Hanover Terrace, Kensington Gardens.

The superintendence of meals is undertaken by voluntary lady helpers. The school teachers, who formerly helped in this work, are now not employed in any way, except in St. Margaret's and the Special School, where the head teachers voluntarily superintend the giving out of the meals.

Periodical visits were made to the chief centres; the materials used for meals were always found to be of good quality, and the cooking good.

For statistical purposes the records of the financial year 1908-1909 are available, and those of the summer session for 1909.

	1907-8.	1908-9.
Approximate number of nominations ...	—	2300
Actual number of children who have received		
any free meals during the year ...	1213	1427
Total number of meals ...	86202	113490
Penny tickets sold ...	2409	1234
Average number of free meals granted per day:—		
Summer session ...	98	257
Winter session ...	620	844
Highest number of meals granted per day ...	805	1097
Lowest number of meals granted per day ...	82	187

Children from 27 of the 32 schools have received meals; the percentage of children thus fed to the number of children on the books of the elementary schools is 8 per cent.

The following table shews the percentage of children granted meals to the number on the books for groups of schools:—

Per cent. of Children granted Meals.	No. of Schools.
30 per cent. and over ...	1
20 " " ...	4
10 " " ...	7
Under 10 per cent. ...	15

The following table shews the records of the summer session, 1909 (April-July):—

The chief centre and two small subsidiary centres were opened.

	1908.	1909.
Approximate number of nominations ...	—	450
Number of children who received any free		
meals ...	437	357
Per cent. of children fed to number of children		
on the rolls ...	2.4	1.9
Highest weekly number fed ...	320	289
Average daily number of meals ...	257	250
Total number of meals ...	14577	14259

The figures in each space shew a decrease during 1909.

Periodical examinations are made of the children fed; these would tend to shew that the feeding certainly assists in maintaining the normal rate of growth of the children.

Meals {
 Granted
 Refused
.....weeks to.....
.....weeks to.....
.....weeks to.....
.....weeks to.....
.....weeks to.....
.....weeks to.....

No.....

BRIGHTON EDUCATION COMMITTEE.

SCHOOL CANTEEN ENQUIRY
FORM.

Name

Address

Names of Children attending School.	Age.	School Attending.	Dept.	Result of Medical Examination.

No. of Children not attending School, and ages. ().....

Names of Parents, also of each other member of family above 14 years of age.	Age.	Occupation.	Name and Address of Employer, or last Employer.	Weekly Wages.
			Total Weekly Income	

Total No. in Family residing at home, including Parents.....

Rent of House or Tenement.....

Do Parents let?... .. If so, state Weekly Income from this source.....

Any arrears of Rent ?..... If so, state amount..... Did Officer see Rent Book ?.....

Are Parents in receipt of Out-Relief, Pension, Sick Pay, &c..... If so, state weekly amount.....

If Parent(s) out of work, how long ?.....

If Parent(s) unable to work, state reason.....

Name of Person supplying this information.....

Officer's Remarks as to character and habits of Parents:—

Is Officer satisfied that the case is deserving ?.....

Date.....Attendance Officer.

SECOND REPORT. Date of Visit

THIRD REPORT. Date of Visit.....

FOURTH REPORT. Date of Visit.....

REQUISITION FOR MEALS.

To be signed by Parent or Guardian.

I hereby request that Meals may be supplied to my child(ren), under the Education (Provision of Meals) Act, 1906, at the School Canteen, and hereby certify that the particulars given to the Attendance Officer, as entered on this Form, are correct.

(Signed).....

Parent or Guardian.

Date.....

(i) INSTRUCTION IN PERSONAL HYGIENE AND TEMPERANCE.

In many schools the elementary rules of hygiene are mentioned and discussed as occasion may require. No definite courses are at present included.

Physical Exercises—These are carried out according to the course suggested in the new code (1909), *i.e.*, on a modified Swedish system.

The drill in some of the schools was well done, and the children were well disciplined; in others, the number of children at drill was too great to enable adequate supervision to be exercised; the consequence being that many of the children benefitted little by it.

General Arrangements for Boys—

Physical Drill on 2 days during week, $\frac{1}{2}$ hour lesson; or on 1 day, 1 hour lesson.

Swimming, 1 day in week, lesson of $\frac{1}{4}$ to $\frac{3}{4}$ hour.

Organised Games, 1 day in week 1 to 2 hours.

Girls—Physical Drill in one or two schools for short periods only of 15 minutes, 4 times a week, instead of 1 hour once weekly.

Infants—Physical Drill and Organised Games daily in most schools. As a rule physical drill only with the older children and organised games chiefly for younger children. Times given vary greatly, 1 hour to 6 per week.

Breathing exercises are in most schools carried out systematically; it would be of great advantage if this was so in all schools, as by such means the teachers would immediately detect all cases of pronounced nasal obstruction, and would be able to bring these children out for the medical inspection.

Organised Games.—During summer, classes of children are taken out to various parks and open spaces and there take part in organised games. This is admirably carried out in some schools, but naturally the success or otherwise of organised games depends upon the teachers; where sympathy is not felt with this movement it is generally a failure. In cases in which any considerable distance has to be traversed before arriving at the Park, it would be advisable to limit the amount of exercise for the more delicate children.

The School Sports held during the summer, and the Football League system, are organised and conducted by the head teachers themselves.

Swimming instruction is given to all children over 12 (boys or girls) who desire it. The Corporation Baths and the Swimming Bath at St. Luke's Terrace School form the centres for instruction. A number of free tickets to the baths are now granted to children who have learnt to swim.

Open Air Schools, &c.—No special arrangements were made for open air schools or holiday camps. In schools in which a suitable playground is available it is found possible to conduct some lessons in the playground, and where this is done no restrictions are made by the authority.

The following suggestions were drawn up by the Physical Exercise and Swimming Branch Sub-Committee :—

SUGGESTIONS FOR ORGANIZED GAMES IN ELEMENTARY BOYS' AND GIRLS' SCHOOLS.

The Committee have devoted a large amount of time to the consideration of the question of organized games in the Schools, and the following suggestions, it is hoped, will receive the careful attention of the Head Teachers.

The Committee desire that boys shall be taught to play Cricket in the Summer and Football in the Winter; the girls, Cricket or Stoolball in the Summer and Hockey in the Winter. With regard to the games of football, cricket and hockey, the Committee feel that the Teacher in charge when these games are in progress, should be a person who is acquainted with the rules of the game. All games should be seriously played, and proper instruction, as far as possible, should be given to the children. The Committee desire that the games shall be looked upon as part of the regular curriculum of the School, and that they shall be played regularly, provided the weather permits. With regard to games in the school playgrounds, one game should not be played continually; variety should be introduced, and it is suggested that a Play Table should be drawn up in connection with the games which take place in the playground. Inter-class games might with advantage be played from time to time in the Parks and open spaces. Further, the Committee feel that in order to carry out the scheme of games successfully, it is most desirable that the Head Teacher should take an active interest in this part of the School's work, and it is suggested that Head Teachers should from time to time join in the games and should also occasionally supervise them.

Number of Children. Games for Parks and Open Spaces.—Generally speaking, two groups of 22 to 30 scholars each should be selected in each School to take part in the games of cricket, hockey and football. These boys and girls should be selected from the upper standards, and the same scholars should, as far as possible, be sent for these particular games every week, as otherwise the instruction which they receive would be of little avail. The Committee are of course aware that one teacher cannot give the whole of his attention to more than one game of football, cricket or hockey, that is if proper instruction in the game is to be given, but another group might be looked after by a monitor under the supervision of the teacher-in-charge. No child who is in any way unfit, owing to ill-health, should be allowed to participate in the games, but, of course, Head Teachers will exercise discretion in regard to this matter.

Number of Children. Games for Playground.—In large playgrounds, it is thought that arrangements can be made whereby 60 scholars can play at one time, but in some of the smaller playgrounds only 30 will be able to play. It is suggested that Head Teachers should draw up a time-table for the whole of the School in connection with these playground games. Head Teachers may probably think it desirable that all the children should not have their play together at one and the same time if the games are to be played in a systematic manner.

Times for games for playgrounds.—The games each day should be of 15 minutes duration in the morning, and 10 minutes in the afternoon, exclusive of the time taken in going to and returning from the playground.

Times for Games for Parks and open spaces.—A time-table will subsequently be drawn up, which will set forth the times for the attendance of Schools at the various Parks.

It is suggested that the following games are suitable for playgrounds.

Boys—Rounders, Hand-ball, Hopping Bases, Cuddy, Egg Cap, Prisoner's Base, Twos and Threes, Flag Race, Cube Race, King Cæsar, Catching and Throwing, French Cricket, Shake Chain, Leap Frog, Duck.

Girls—Rounders, Skipping Game, Hop Scotch, Twos and Threes, Flag Race, Oranges and Lemons, Nuts in May, Magic Circle, Hopping Bases, Cuddy, Basket Ball, Cat and Rat, Jumping.

Games for Parks and open Spaces.

Boys—Football, Cricket, Base Ball or Giant Rounders, Flag Race.

Girls—Hockey, Cricket or Stoolball, Twos and Threes, Flag Race.

EMPLOYMENT OF CHILDREN ACT, 1903. CRUELTY TO CHILDREN ACT, 1904.

A statement regarding the administration of the above Acts, prepared by Inspector Mills, is as follows:—

The work under the Employment of Children Act is materially assisted by the lists of children attending the Elementary Schools in the Borough, who are employed out of school hours. These lists are made out by the head-masters and mistresses.

The lists from some of the schools are very complete and accurate, and of great assistance in subsequent inspections.

Three lists were sent in during the year.

The January lists shewed:—

641 boys } employed.
61 girls }

144 of these being employed contrary to the law.

The April lists shewed:—

582 boys } employed.
92 girls }

149 of these being employed contrary to the law.

The September lists shewed:—

514 boys } employed.
84 girls }

136 of these being employed contrary to the law.

In 1907 the average number of children on the lists was 762.

In 1908 " " " " 727.

In 1909 " " " " 639.

In 1907 ... 39 per cent. were employed contrary to the law.

In 1908 .. 25 " " " "

In 1909 ... 22 " " " "

33 night and 250 day inspections were made of premises where children were reported to be employed illegally.

Written and personal warnings were given in most instances and it was not found necessary to report any cases to the Chief Constable for prosecution.

PREVENTION OF CRUELTY TO CHILDREN ACT, 1904.

The duties under this Act (formerly carried out by H.M. Inspector of Factories) are to see that all restrictions and conditions endorsed upon the licenses granted by the Magistrates to permit children to perform in places of public entertainment are properly complied with.

52 children were licensed during 1909, 46 girls and 6 boys.

22 employed as singers and dancers.

3 " " musicians.

25 " " actors and actresses.

2 " " acrobats.

23 night inspections and 5 day visits were made.

The conditions of the licenses were generally well complied with. In one instance where the children were found on the stage half an hour after the time allowed, a fresh application was made to the Magistrates and the time was extended.

DR. EVES' REPORT.

To the Education Committee of the Brighton Town Council.

SPECIAL SCHOOL FOR MENTALLY AFFLICTED.

Report for year 1909-1910.

I have paid 36 visits during the year. The general health of the children has been good. There has been no infectious disease, excepting 2 cases of chicken pox.

15 children have left during the year.

18 children have been admitted, but 1 left as unsuitable.

1 child died during the year of tubercular disease, and 1 left the school suffering also from tubercular disease.

No cases have been transferred to ordinary schools during the year, and the type of child in the school is worse than formerly.

There are 40 cases waiting for admission to the school.

Examination of Teachers, &c.

The following have been examined :—

2 teachers on appointment.

33 bursars (22 female, 11 male).

10 required treatment for carious teeth or defective vision; all these were attended to satisfactorily.

(Signed) P. STANHOPE EVES, M.D.